

# HOME EFFICIENCY PROGRAM

## Income Qualified

### Energy Audit Data Collection Form



Please complete the application, attach required documentation and email to: **ResidentialEEApplications@ameren.com**. All projects will receive a reservation number via email. The reservation number is required prior to project start date. All program paperwork must be submitted within 30 days of the project completion or by December 31, 2020, whichever comes first.

Inspection Date:	Time:	Temperature/Weather Condition:	
<b>SECTION 1: CUSTOMER INFORMATION</b>			
Name:	Home Phone:	Cell Phone:	
Physical Address:	City:	State:	ZIP code:
Email:			
Why are you getting an energy audit?			
Are there hot or cold rooms, moisture concerns, indoor air quality issues?			
Any concerns in general about your house or utility usage?			
<b>SECTION 2: PROGRAM ALLY INFORMATION</b>			
<b>Assessing Company</b>			
Program Ally Company Name:		Program Ally Contact Name:	
Phone:	Ext.:	Email:	
<b>SECTION 3: GENERAL HOUSE INFORMATION</b>			
Year Built:	Years in Home:	Number of Occupants:	Size of Home: (sq. ft.)
Front Faces:	Foundation:	Ceiling Height:	
<b>Diagram of Home (and Orientation):</b>			
Observations:			

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## SECTION 3: GENERAL HOUSE INFORMATION (Continued)

Exterior Walk Around									
House Type:					Drainage/Topography Issues:				
	OVERALL CONDITION (CHOOSE ONE)					OVERALL CONDITION (CHOOSE ONE)			
	EXCELLENT	GOOD	FAIR	POOR		EXCELLENT	GOOD	FAIR	POOR
General Building Structure:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bump Outs/Overhangs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foundation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gutters/Downspouts:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Venting: <input type="checkbox"/> Yes <input type="checkbox"/> No			Roof Soffit/Vented: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes/Other:					Recommendations:				

Interior Walk Through									
Signs of Moisture: <input type="checkbox"/> Yes <input type="checkbox"/> No		Plumbing Damaged: <input type="checkbox"/> Yes <input type="checkbox"/> No		Electrical Damaged: <input type="checkbox"/> Yes <input type="checkbox"/> No		Garage Wall Breach/Penetrations: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Carbon Monoxide Detectors: <input type="checkbox"/> Yes <input type="checkbox"/> No		Smoke Detectors: <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Lighting Type: <input type="checkbox"/> Incandescent <input type="checkbox"/> LEDs <input type="checkbox"/> CFLs					
Number of Refrigerator/s:	Age (yrs.):	Age (yrs.):	Number of Deep Freezer/s:	Age (yrs.):	Age (yrs.):				
Number of Dishwasher/s:	Age (yrs.):	Age (yrs.):	Dryer Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Satisfactory Dryer Venting: <input type="checkbox"/> Yes <input type="checkbox"/> No		Age (yrs.):			
<input type="checkbox"/> Bath Exhaust Fans: Vented to the Outdoors: <input type="checkbox"/> Yes <input type="checkbox"/> No			Recommendations:			Notes:			
<input type="checkbox"/> Kitchen Exhaust Fan: Vented to the Outdoors: <input type="checkbox"/> Yes <input type="checkbox"/> No			Recommendations:			Notes:			
<input type="checkbox"/> Garage Attached to Home: <input type="checkbox"/> Yes <input type="checkbox"/> No (Test air barrier if Yes)			Recommendations:				Number of fans:		
Notes/Other:					Recommendations:				

Heating Equipment									
SYSTEM 1									
Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Gas		Type: <input type="checkbox"/> Heat Pump <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Baseboard <input type="checkbox"/> Other: _____							
Manufacturer:		Model Number:		Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
Heating Capacity (BTU/HR):		AFUE/SEER:	Age (yrs.):		Programmable Thermostat: <input type="checkbox"/> Yes <input type="checkbox"/> No		Filter Check: <input type="checkbox"/> Yes <input type="checkbox"/> No		
SYSTEM 2									
Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Gas		Type: <input type="checkbox"/> Heat Pump <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Baseboard <input type="checkbox"/> Other: _____							
Manufacturer:		Model Number:		Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
Heating Capacity (BTU/HR):		AFUE/SEER:	Age (yrs.):		Programmable Thermostat: <input type="checkbox"/> Yes <input type="checkbox"/> No		Filter Check: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Safety Concerns:									
Notes/Other:					Recommendations:				

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### SECTION 3: GENERAL HOUSE INFORMATION (Continued)

#### Cooling Equipment

##### SYSTEM 1

Type: <input type="checkbox"/> Central AC <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other: _____			Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Manufacturer: _____			Model Number: _____		
Cooling Capacity (BTU/HR): _____	Rated SEER: _____	Age (yrs): _____	Programmable Thermostat: <input type="checkbox"/> Yes <input type="checkbox"/> No		

##### SYSTEM 2

Type: <input type="checkbox"/> Central AC <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other: _____			Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Manufacturer: _____			Model Number: _____		
Cooling Capacity (BTU/HR): _____	Rated SEER: _____	Age (yrs): _____	Programmable Thermostat: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Notes/Other: _____	Recommendations: _____
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#### Distribution System (Ducts, etc.)

Location: _____	Insulated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sealed: <input type="checkbox"/> Yes <input type="checkbox"/> No
% Conditioned: _____	% Unconditioned: _____	
Notes/Other: _____	Recommendations: _____	
Existing Net Area Insulated: _____		
New Net Area Insulated: _____	Depth in inches: _____	Insulation Type: _____

#### Water Heater

Type: <input type="checkbox"/> Tank <input type="checkbox"/> On Demand <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other: _____	Age (yrs): _____	Volume: _____	Venting: <input type="checkbox"/> B Vent <input type="checkbox"/> Power Vent <input type="checkbox"/> Natural Draft <input type="checkbox"/> Other: _____
Primary Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Orphaned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Flue Liner: <input type="checkbox"/> Yes <input type="checkbox"/> No
Type: <input type="checkbox"/> Tank <input type="checkbox"/> On Demand <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other: _____	Age (yrs): _____	Volume: _____	Venting: <input type="checkbox"/> B Vent <input type="checkbox"/> Power Vent <input type="checkbox"/> Natural Draft <input type="checkbox"/> Other: _____
Primary Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Orphaned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Flue Liner: <input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Concerns: (Ex. Discharge Pipe, Improper Gas Supply)	Recommendations: (Ex. Insulate Lines, Adjust Set Point to 120 Degrees)		
Notes/Other: _____			

#### Basement

Type: <input type="checkbox"/> Finished <input type="checkbox"/> Partial <input type="checkbox"/> Unfinished <input type="checkbox"/> N/A	Conditioned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Walls Insulated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Wall Insulation Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Existing Wall insulation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Wall Insulations (linear ft): _____
Rim Joist Insulated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Framing Height: _____	Amount of Rim Joist Insulation (linear ft.): _____		Signs of Water Entry: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sump Pump/Operational: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Notes/Other: _____			Recommendations: _____		

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## SECTION 3: GENERAL HOUSE INFORMATION (Continued)

<b>Crawl Space</b>	
Height (linear ft.):	Length (linear ft.):
Plumbing Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Moisture Present: <input type="checkbox"/> Yes <input type="checkbox"/> No
Rim Joist Insulation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Framing Height:
Amount of Rim Joist Insulation (linear ft.):	Existing Wall Insulation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes/Other:	Recommendations:

<b>Attic</b>	
Type of Attic Access:	Location of Access:
Recessed Lighting: <input type="checkbox"/> Yes <input type="checkbox"/> No	Chimneys: Flue Pipes <input type="checkbox"/> Yes <input type="checkbox"/> No
Wiring Issues: <input type="checkbox"/> Yes <input type="checkbox"/> No	Knob and Tube Wiring: <input type="checkbox"/> Yes <input type="checkbox"/> No
Vermiculite: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signs of Water: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ventilation: <input type="checkbox"/> Roof <input type="checkbox"/> Gable <input type="checkbox"/> Powered <input type="checkbox"/> Other: _____	Ventilation Adequate: <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes/Other:	Recommendations:

	INSULATION IN ATTIC 1	INSULATION IN ATTIC 2	INSULATION IN ATTIC 3
<b>LOCATION</b>			
<b>INSULATION TYPE</b>			
<b>INSULATION DEPTH</b>			
<b>CAVITY DEPTH</b>			
<b>CONDITION</b>			
Notes/Other:	Recommendations:		

<b>Exterior Walls</b>			
LOCATION	ENCLOSED	INSULATION	CAVITY DEPTH
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes/Other:	Recommendations:		

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### SECTION 3: GENERAL HOUSE INFORMATION (Continued)

Air Sealing Opportunities			
Rim Joist: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Box: <input type="checkbox"/> Yes <input type="checkbox"/> No	Top Plates: <input type="checkbox"/> Yes <input type="checkbox"/> No	Flue Pipes: <input type="checkbox"/> Yes <input type="checkbox"/> No
Drop Soffits: <input type="checkbox"/> Yes <input type="checkbox"/> No	Attic Access: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cantilevers: <input type="checkbox"/> Yes <input type="checkbox"/> No	House Fan: <input type="checkbox"/> Yes <input type="checkbox"/> No
Wire Penetrations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing Chase: <input type="checkbox"/> Yes <input type="checkbox"/> No	Recessed Lights: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes/Other:		Recommendations:	

**Special Note:** Form must be submitted completely and accurately and must be approved prior to work beginning. If approval is not received prior to work beginning, the incentive will not be paid. The form should be emailed to: ResidentialEEApplications@ameren.com. The subject line and file name must read: Program Ally Name\_Homeowner Last Name\_Homeowner First Name\_Program Name (Ex: Insulators Inc\_Jones\_Mary). The reservation number will be emailed to you at the address listed above. The reservation number is not transferable and must be provided on all incentive forms. If the customer decides not to participate in the program, please email us immediately.

## AMEREN ILLINOIS RESIDENTIAL ENERGY EFFICIENCY PROGRAM TERMS AND CONDITIONS

- 1. Definitions** – In addition to terms defined elsewhere herein, when any one of the following terms is used in these Terms and Conditions, wherein the first letter is written with a capital letter, then that term shall have the following definition. Words importing persons include corporation, and words importing only the singular include the plural and vice versa when the context requires. **a) “Ameren Illinois”** shall mean Ameren Illinois Company d/b/a Ameren Illinois. **b) “Program Ally”** shall mean contractors/allies who have met the minimum qualifications established by Ameren Illinois and are allowed to offer program incentives. **c) “Application”** shall mean the Customer or Program Ally completed document used to apply for cash incentives or used for any other appropriate application-specific documentation. **d) “Customer”** shall mean an Eligible Customer who has submitted an Application for incentive money using their Ameren Illinois account number. The Customer abides by these Terms and Conditions upon acceptance of Customer’s Application by Ameren Illinois. **e) “Eligible Customer”** shall mean a residential customer of Ameren Illinois, with an active Ameren Illinois-delivered electric or gas account residing in an existing home or new construction. Individually metered residential multifamily units must have prior program approval to participate. Installations performed between January 1, 2020 to December 31, 2020 are eligible for incentives or until incentive funds are exhausted. Equipment and/or materials must be installed by a participating Program Ally at the Customer’s address listed on the Application. The Application must be filled out completely and accurately, signed and accompanied by dated copies of the invoices. See the project/measure eligibility for requirements specific to individual incentives. **f) “Program”** shall mean the energy efficiency plan or measure that is the subject of the Application. **g) “Program Manager”** shall mean the Ameren Illinois designee in charge of the Application. **h) “Reservation of Funds”**, when required, shall mean written notification to Program Ally of a pre-approved incentive amount, which Ameren Illinois issues after review Program Ally’s request for funds.
- 2. General** – Customer and Program Ally shall abide by these Terms and Conditions; abide by all Local, State and Federal guidelines, applicable laws, building codes, regulations and licensing requirements; and perform work in accordance with customary installation standards, and/or according to manufacturer specifications.
- 3. Procedures & Reporting** – Program Ally shall follow Program procedures of; **a)** verifying eligibility of Customer and work to be performed; **b)** reserving funds from Program in advance of the project commencing; and, **c)** submitting a reservation form and/or Application supplied by the Program for work performed with all required documentation. Program Ally agrees to provide all documentation associated with specified projects for quality assurance. Program Ally must provide necessary supporting documentation of services rendered including invoices and site assessment reports as requested.
- 4. Independent Contractor** – Listing in the Program Ally database does not constitute any endorsement of the Program Ally by Ameren Illinois. Program Ally is an independent contractor participating in the Program and not an employee of, or under contract to, Ameren Illinois or Program staff and authorized Ameren Representatives. Program Ally is not authorized to assume or create any obligation or liabilities, express or implied, on behalf of or in the name of Ameren Illinois or Program staff and authorized Ameren Representatives. Program Ally shall properly represent this to the Customers.
- 5. Warranty of Work** – Program Ally shall provide the Customer a written warranty covering both labor and materials for a minimum of one year from the date the service is performed. All materials installed shall carry the manufacturer’s warranty, which will be provided to the Customer. Offers of, and documentation referring to, any applicable extended warranty coverage shall be supplied to the Customer.
- 6. Quality Assurance** – Program Ally will maintain effective procedures for quality assurance as for resolution of Customer complaints or disputes and for response to Customer emergencies. Program Ally agrees to make its quality assurance procedures available to the Program for review and upon request. Only trained and skilled personnel of Program Ally shall supervise any project performed under the Program. All work is subject to quality assurance and verification inspections by Program before incentive payments are paid. Ameren Illinois is the sole authority in determining that the work is complete and eligible for payment. If the applicable Program Manager determines Program Ally’s work is not up to Program standards, upon request from the Program Representative, Program Ally shall make reasonable repairs or corrections to bring such work up to Program standards at no additional cost to the Customer. Program Manager shall have sole authority in determining the necessary remedies to correct faulty work.
- 7. Pre and Post Installation Verification** – Ameren Illinois is not obligated to make any incentive payment until it has performed a satisfactory post-installation verification. This provision may be waived at the sole discretion of Ameren Illinois. Inspections conducted are solely for the purpose of determining Program compliance and are not safety or building code inspections.
- 8. Incentive Payments/Limits** – For all Applications, Ameren Illinois is not obligated to award any incentive payment unless a reservation form and/or Application is submitted and granted. Customer and Program Ally are responsible for ensuring the Application is accurate and equipment meets eligibility requirements in order to receive the Pre-approval incentive payment. Incentive payments will be issued to Program Ally. The Program Ally shall inform Customer of Program financial incentives, and shall include a discount to the Customer in the amount of the incentive, labeled on Customer’s invoice as “Ameren Illinois Energy Efficiency Program Incentive.”
- 9. Indemnification** – Program Ally and/or Customer hereby releases and shall indemnify, hold harmless, and defend Ameren Illinois, Program staff and authorized Ameren Representatives and any third party vendors from any and all claims, losses, harms, costs, liabilities, damages, and expenses (including attorney’s fees) of any nature whatsoever arising directly or indirectly out of or in connection within any dispute or legal suit arising from work related to the Program.
- 10. Changes In/Cancellation of the Program** – **a)** Ameren Illinois may change the program requirements, incentives, or these Terms & Conditions at any time without notice, including suspending acceptance of Applications, denial of Applications already received, or terminating the Program. **b)** In the event of a program change, Applications that have been granted Pre-approval will be processed to completion under the Terms & Conditions in effect at the time of Pre-approval by Ameren Illinois. **c)** Cash incentives under the Ameren Illinois Program are offered on a first-come, first-served basis and are subject to project and Customer eligibility, and the availability of funds.
- 11. Miscellaneous** – Ameren Illinois reserves the right to make changes to; its Program, program incentives, rules, guidelines, and these Terms and Conditions upon written notice to the Program Ally. These Terms and Conditions shall be governed by Illinois law.