MHEA Audit Data Collection Form

Case Type | App. Date:

Application #: | ClientID:

ClientName: | Day Phone:

Assessors: | Assessment Date:

ClientAddress: ,

County: | ClientPrecinct:

Dwelling Type

1. Site Built
2. Mobile Home
3. Duplex
4. Multifamily(>4)
5. Shelter
6. Other"

Ownership

Owner
Renter
Other

Occupants

SeniorFlag:
JuvenileFlag:
DisabilityFlag:

# of Occupants | ClientLanguage:

Ethnicity | DisabilityType:

Contacts

1. Applicant of Record
2. Other Contact
3. Landlord / Owner 1
4. Landlord / Owner 2

Type:	Contact Name:	Relation:	Day Phone:

Mobile Home Shell

Length:
Width:
Height:

Wind Shielding: Well Normal Exposed

Home Leakiness: Tight Medium Loose

Outdoor WH Closet:

Walls

Stud Size: 2 x 2 2 x 3 2 x 4 2 x 6

Orientation Long Wall: North East South West

Wall Ventilation: Vented Not Vented

Insulation Type

1. Batt/Blanket (in)
2. Loose Fill (in)
3. Foam Core (in)

Type / Thick

/ "

sq ft

Enter the wall area not accessible for insulating.

Windows

Average Size: W / H

Number Facing: N E S W

Doors

Average Size: W / H

Number Facing: N E S W

Carport / Porch / Roof

Length (ft) | Width(ft)

Orientation: N E S W

WindowType

1. Jalousie
2. Slider
3. Fixed
4. Door Window
5. Door Slider
6. Skylight

Slider

1. Horizontal
2. Vertical
3. Left - Right
4. Right - Left

Frame Type

1. Wood / Vinyl
2. Metal
3. Improved Metal
4. COLOR - B M W

Glazing

1. Single Pane
2. Sngl. P. W/ Storm
3. Sngl P. Bad/ Storm
4. Double Pane
5. Dbl. P. W/ Low E

Interior Shade

1. Drapes
2. Blinds / Shades
3. Drapes w/ Shades
4. None

Ext. Shade

1. Low E Film
2. Solar Screen
3. Awning
4. Carport
5. Porch
6. None

Leakiness

1. Very Tight
2. Tight
3. Medium
4. Loose
5. Very Loose

Number

# of windows with the same description on this wall.

Retrofit

1. Evaluate
2. Weatherize
3. Replace
4. Rep. W/Low E
5. Add Storm
6. None

Fabric

C - Charcoal
B - Bronze
G - Gray

Frame Sz

1. 5/16
2. 3/8

F.Color

B M W

Shade

Windows	Wall #	Type	Slider	Frame	Color	Glazing	Interior	Exterior	% Shade	Leakiness	# of Same	Retro	W "	H "	Fab	Frm	F.C
WIND 01																	
WIND 02																	
WIND 03																	
WIND 04																	
WIND 05																	

Application #: | ClientID: | Assessors: | Assessment Date:

ClientName: | Day Phone:

WindowType	Slider	Frame Type	Glazing	Interior Shade	Ext. Shade	Leakiness	Number	Retrofit	Fabric	Frame Sz
1. Jalousie 2. Slider 3. Fixed 4. Door Window 5. Door Slider 6. Skylight	1. Horizontal 2. Vertical 3. Left - Right 4. Right - Left	1. Wood / Vinyl 2. Metal 3. Improved Metal 4. COLOR - B M W	1. Single Pane 2. Sngl. P. W/ Storm 3. Sngl P. Bad/ Storm 4. Double Pane 5. Dbl. P. W/ Low E	1. Drapes 2. Blinds / Shades 3. Drapes w/ Shades 4. None	1. Low E Film 2. Solar Screen 3. Awning 4. Carport 5. Porch 6. None	1. Very Tight 2. Tight 3. Medium 4. Loose 5. Very Loose	# of windows with the same description on this wall.	1. Evaluate 2. Weatherize 3. Replace 4. Rep. W/Low E 5. Add Storm 6. None	C - Charcoal B - Bronze G - Gray	1. 5/16 2. 3/8 **F.Color** B M W

S h a d e

Windows	Wall #	Type	Slider	Frame	Color	Glazing	Interior	Exterior	% Shade	Leakiness	# of Same	Retro	W "	H "	Fab	Frm	F.C
WIND 06																	
WIND 07																	
WIND 08																	
WIND 09																	
WIND 10																	
WIND 11																	
WIND 12																	
WIND 13																	
WIND 14																	

D o o r s

Door Type	StormDoor	Number	Measure	Swing	Lockset	Air Seal *(+)= ADD*	Threshold Oak/Bumper	Hinge	Strike
1. H-Core Wood 4. Sngl Sliding Glass 2. S-Core Wood 5. Dbl Pane Glass 3. Insulated Steel	1. Adequate 2. Deteriorated 3. None	# of Doors With the same Description	1. Repair 2. Replace	1. Right Hand 2. Left Hand	1. DeadBolt 2. Knob 3. Combo	1. Jamb Up 4. V-Seal (C/B) 2. Q-Lon 3. Sweep (M/B)	1. 3/4 Oak 4. 1 x 5/8 Bumper 2. 1 Oak 5. 1/2 Bumper 3. 1 Bumper 6. 3/4 Bumper (B)	1. Reg 2. NRP	1. Reg 2. Lrg

DoorCode	Wall #	Type	Area	Storm Dr.	Number	Measure	Swing	Width	Height	Thick	Lockset	Air Seal +	Thresh	Hinge	Strike	Viewer
DOOR 01																
DOOR 02																
DOOR 03																
DOOR 04																

M o b i l e H o m e C e i l i n g

Roof Height at Center

Cathedral %

Roof Type	Type	Roof Color	Color	Exist Insula	Insula	Depth in
1. Bowstring 2. Flat 3. Pitched		1. Reflective 1. Shaded 2. Normal		1. Batt/Blanket 1. Loose Fill 2. Foam Core		

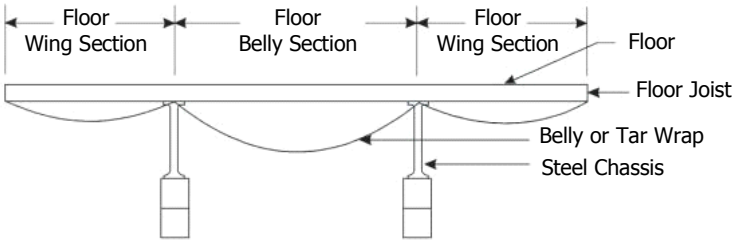
MH SHELL - Comments

Include condition, and venting

Housing App#: | ClientID: | Assessors: | Assessment Date:

ClientName: | Day Phone:

Mobile Home Floor



Section of a Typical Manufactured Home Floor

Floor Joist Direction

- Lengthwise
- Widthwise

Floor Wing Description

Joist Size (in)

Loose Insul (in)

Batt Insul. Location

1. Attached to flooring
2. Between Joist
3. Attached Under Joist
4. None"

Location

Thickness

Is there a Skirt?

- Yes
- No

Floor Belly (Center) Desc.

Joist Size (in)

Loose Insul (in)

Batt Insul. Location

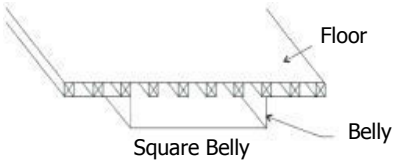
1. Attached to flooring
2. Between Joist
3. Attached Under Joist
4. Draped Below Joist
5. None

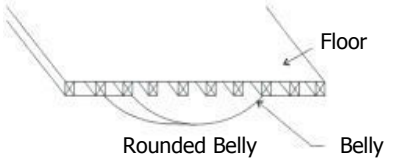
Location

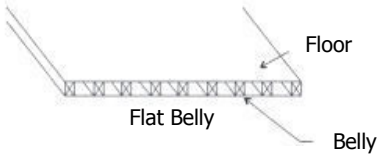
Thickness

Belly Configuration

- Square
- Rounded
- Flat







Belly Condition

- Good
- Average
- Poor

Max Depth Belly Cavity (in)

Mobile Home Additions

Walls Stud Size

Orientation: North East South West

Ventilation: Ventilated Not Ventilated

Insulatioin Type

1. Batt/Blanket (in)
2. Loose Fill (in)
3. Foam Core (in)

Thickness (inches)

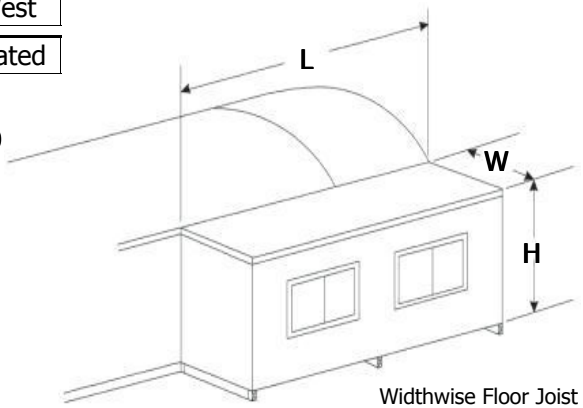
Wall Configuration

1. Max Wall height at Interior wall
2. Max Wall height in Rm center
3. All Addition Wall the same height

Addition Interior Wall

Max Height | Min Height

Typical Manufactured Home Addition



Mobile Home Addition - Windows

WindowType
1. Jalousie
2. Slider
3. Fixed
4. Door Window
5. Door Slider
6. Skylight

Slider
1. Horizontal
2. Vertical
3. Left - Right
4. Right - Left

Frame Type
1. Wood / Vinyl
2. Metal
3. Improved Metal
4. COLOR - B M W

Glazing
1. Single Pane
2. Sngl. P. W/ Storm
3. Sngl P. Bad/ Storm
4. Double Pane
5. Dbl. P. W/ Low E

Interior Shade
1. Drapes
2. Blinds / Shades
3. Drapes w/ Shades
4. None

Ext. Shade
1. Low E Film
2. Solar Screen
3. Awning
4. Carport
5. Porch
6. None

Leakiness
1. Very Tight
2. Tight
3. Medium
4. Loose
5. Very Loose

Number
# of windows with the same description on this wall.

Retrofit
1. Evaluate
2. Weatherize
3. Replace
4. Rep. W/Low E
5. Add Storm
6. None

Fabric
C - Charcoal
B - Bronze
G - Gray

Frame Sz
1. 5/16
2. 3/8

F.Color
B M W

S h a d e

Windows	Wall #	Type	Slider	Frame	Color	Glazing	Orient	Interior	Exterior	% Shade	Leakiness	# of Same	Retro	W "	H "	Fab	Frm	F.C
WIND 01																		
WIND 02																		
WIND 03																		
WIND 04																		

Housing App#: | ClientID: | Assessors: | Assessment Date:

ClientName: | Day Phone:

Mobile Home Addition - Doors

Door Type	StormDoor	Number	Measure	Swing	Lockset	Air Seal (+)= ADD	Threshold Oak/Bumper	Hinge	Strike
1. H-Core Wood 4. Sngl Sliding Glass 2. S-Core Wood 5. Dbl Pane Glass 3. Insulated Steel	1. Adequate 2. Deteriorated 3. None	# of Doors With the same Description	1. Repair 2. Replace	1. Right Hand 2. Left Hand	1. DeadBolt 2. Knob 3. Combo	1. Jamb Up 4. V-Seal (C/B) 2. Q-Lon 3. Sweep (M/B)	1. 3/4 Oak 4. 1 x 5/8 Bumper 2. 1 Oak 5. 1/2 Bumper 3. 1 Bumper 6. 3/4 Bumper (B)	1. Reg 2. NRP	1. Reg 2. Lrg

DoorCode	Wall #	Type	Area	Storm Dr.	Number	Orient	Measure	Swing	Width	Height	Thick	Lockset	Air Seal +	Thresh	Hinge	Strike	Viewer
DOOR 01																	
DOOR 02																	
DOOR 03																	

Mobile Home Addition - Ceiling / Floor

Ceiling

Joist Size

Roof Color	Exist Insulation
1. Reflective 1. Shaded 2. Normal	1. Batt/Blanket 1. Loose Fill 2. Foam Core

Depth in

/

Floor Type

Floor Type
1. Crawl Space 2. Slab on Grade 3. Exposed Floor

Joist Size

Floor Length

Floor Width

Addition Floor Batt

Addition Floor Batt	Exist Insulation
1. Attach to flooring 2. Between Joist 3. Attach Under Joist 4. None	1. Batt/Blanket 1. Loose Fill 2. Foam Core

Depth in

Add inches

Addition Walls, Windows, Doors, Ceiling, Floor - Comments

Mobile Home Heating System Details

Heating Equipment Type	Fuel Type	Equipment Location
1. Forced Air Furnace 6. Heat Pump 2. Sealed Combustion 7. V-Space heater 3. Fixed Elect Resistance 8. UnV-Space Heater 4. Portable Electric 9. V-Wall Furnace 5. Hot Water Boiler 10. UnV-Wall Furnace	1. Natural Gas 5. Oil 2. Electricity 6. Propane 3. Wood 7. Coal 4. Kerosene 8. Other	1. Heated Space 2. Uncond. Space 3. Unintentional Heated

DUCTS

Duct Location	Duct Insulation Location
1. Floor 2. Ceiling 3. None	1. Above Duct 4. No Insulation 2. Below Duct 3. Around or Ductboard

Primary Sys	SysCode	EquipType	FuelType	% Supplied	Equip Location	Manufacturer	Model #	Duct Location	Insulation Loc
○	HS01								
○	HS02								
○	HS03								

Heating System - Comments

Housing App#: | ClientID: | Assessors: | Assessment Date:

ClientName: | Day Phone:

Cooling System Details

Photo Documented ◎

	Manufacturer	Model #
AC01		
AC02		
AC03		

Equipment Type	Efficiency Units	Duct Location	Duct Insulation
1. Central	1. EER	1. Floor	1. Above duct
2. Window	2. SEER	2. Ceiling	2. Below duct
3. Heat Pump	3. COP	3. None	3. Around duct
4. Evaporative Cooler			4. No insulation

Primary	AC Code	Equip Type	Capacity (kBTU/hr)	Eff. Rating	Eff. Units	Duct Location	Duct Insul Location	Floor Area Cooled (sq')	Tune Up Mandatory
◎	AC01								◎
◎	AC02								◎
◎	AC03								◎

Additional Comments

Ducts / Infiltration

Duct Blower Method

WHOLE HOUSE BLOWER DOOR MEASUREMENTS

	Before WZN (Initial) [1]	After WZN Target [1]
Air Leakage Rate (CFM)		
at House Pressure Difference (Pa)	50	50

DUCT OPERATING PRESSURE

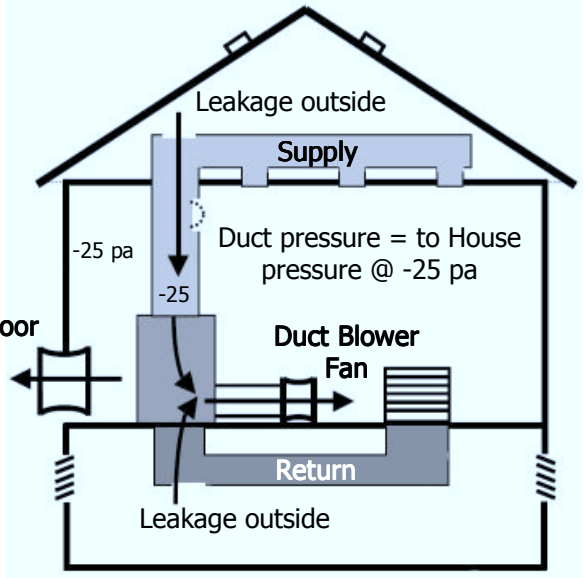
Duct Operating Pressures Before Duct Sealing	
Supply (Pa)	
Return (Pa)	

Blower Door Flow Ring Open ◎ Ring A ◎ Ring B ◎ Ring C ◎

DUCT BLOWER MEASUREMENTS

Before Duct Sealing - Initial	Total [2]	Outside [3]	After Duct Sealing Target	Total [3]	Outside
Fan Flow (CFM)			Fan Flow (CFM)		
Duct Pressure (Pa)	25	25	Duct Pressure (Pa)	25	25
House Pressure WRTOutside (Pa)		25	House Pressure WRTOutside (Pa)		25

Duct Blower Flow Ring Open ◎ Ring 1 ◎ Ring 2 ◎ Ring 3 ◎



Leakage to Outside Depressurization Test

Conduct a 'Standard' Blower Door depressurization test. (open registers and Hvac filters removed)

Conduct a Duct Blower depressurization test. (seal return and supply registers)

With the return and supply registers sealed, use the Blower Door to depressurize the envelope to -25 pa.

With the house at -25 pa, and duct pressure at -25 pa, measure the duct CFM (WRT outside)

[1] Record initial, calculate target.

[2] Record total fan flow CFM.

[3] Record 'outside' calculate target.

Housing App#: | ClientID: | Assessors: | Assessment Date:

ClientName: | Day Phone:

B A S E L O A D S

Water Heater(s)

WH Code	Manufacturer	Model:	Serial #:	Photo
WH01				
WH02				

Fuel Type
1. Natural Gas
2. Electricity
3. Propane

Equipment Location
1. Heated Space
2. Uncond. Space
3. Unintentional Heated

Input Units
1. kBTU
2. kW

If WH wrap is present, skip Insul.Thick & Insul,Type

Is the first 5' of WH supply pipe insulated?

Insulation Type
1. Fiberglass
2. Polyurethane

Shower Heads

of Shower Heads

Shower Use (min/day)

Average GPM

WH Code	Fuel Type	Equip.Loc.	Rated Input	Input Units	Gallons	WH Wrap	Pipe Insul.	Original Tank Insul. Thick.	Insul. Type	Water Heater Condition: Good	Fair	Poor	Burner Condition: Good	Fair	Poor	CO Level	WH Stand
WH01																	
WH02																	

Comments:

R e f r i g e r a t o r

Photo

Manufacturer | **Model**

Refrigerator Style
1. Top Freezer
2. Side by Side
3. Single Door
4. Sngl Door w/ Freezer
5. Bottom Freezer
6. Other

Defrost
1. Automatic
2. Manual
3. Partial Auto
4. Other

Refrigerator Location
1. Heated Space
2. Uncond. Space
3. Unintentional Heated

Size cu ft

Available Space Dimesions

Height(in)

Width(in)

Depth(in)

Ice Maker

Door Type
Single
Double

Door Swing
Right Hand
Left Hand

Freezer Type
Top
Bottom

C o n s u m p t i o n

Label / Database Annual Consumption

kWhr/yr	Refrig Age	Door Seal Condition
	1. < 5 Yrs. 3. < 15 Yrs. 2. < 10 Yrs. 4. > 15 Yrs.	1. Good 2. Some Wear 3. Visible Gaps

Or

Metered Consumption

Minutes

Meter kWh

Temp F

Defrost
Manual Defrost
Includes Defrost Cycle

L i g h t i n g S y s t e m

Room Description
1. Family
2. Kitchen
3. Living
4. Rec
5. Dining
6. Bedroom
7. Bathroo
8. Utility

Location
1. Ceiling
2. Floor
3. Table
4. Wall
5. Closet
6. Other

Lamp Type
1. Standard
2. Floor
3. Other

Light Code	Room Desc	Room Location	Lamp Type	Qaunt.	Size (watts)	Usage (hr/day)
LT01						
LT02						
LT03						
LT04						
LT05						
LT06						
LT07						
LT08						
LT09						
LT10						

Housing App#: | ClientID: | Assessors: | Assessment Date:

ClientName: | Day Phone:

HEALTH & SAFETY

Whole House

Alarms Needed

- ◉ Smoke Detector
- ◉ CO Monitor

Carbon Monoxide Measurements

Rm with Heating System (ppm)	
Rm with Water Heater (ppm)	
Living Area (ppm)	
Kitchen (ppm)	

Comments

Building Shell

Attic

- ◉ Recessed Lights Present
- ◉ Chimney/Flue Incorect Shielding
- ◉ Wiring/Electrical Problems
- ◉ Inadequate Ventilation
- ◉ Water Leaks Present
- ◉ Moisture Problems Evident
- ◉ Vermiculite Present
- ◉ Other Problems

Walls

- ◉ Wiring/Electrical Problems
- ◉ Water Leaks Present
- ◉ Moisture Problems Evident
- ◉ Lead Based Paint is Likely
- ◉ Asbestos in Siding is Likely
- ◉ Other Problems

Crawlspace / Basement

- ◉ Vapor Barrier Needed
- ◉ Wiring/Electrical Problems
- ◉ Water Leaks Present
- ◉ Plumbing Leaks Present
- ◉ Moisture Problems Evident
- ◉ Other Problems

Equipment

Worse Case Condition Draft Measurements - SPACE HEATING SYSTEM

Date	Conducted During: Audit	Conducted During: Inspection	SysCode	Outdoor Temp (F)	Draft (Pa or in H20)	Spillage Time(sec)	Comments
	◉	◉	HS0__				
	◉	◉	HS0__				
	◉	◉	HS0__				

Worse Case Condition Draft Measurements - WATER HEATING SYSTEM

Date	Conducted During: Audit	Conducted During: Inspection	SysCode	Outdoor Temp (F)	Draft (Pa or in H20)	Spillage Time(sec)	Comments
	◉	◉	WH0__				
	◉	◉	WH0__				

Cook Stove CO Measurements

CO Measurement Oven (ppm)	
CO Measurement Burner 1 (ppm)	
CO Measurement Burner 2 (ppm)	
CO Measurement Burner 3 (ppm)	
CO Measurement Burner 4 (ppm)	

Gas Leak Present ◉

Exhaust Fans

Bathrooms

- ◉ Missing
- ◉ Non Operational
- ◉ Improper Venting

Kitchen

- ◉ Missing
- ◉ Non Operational
- ◉ Improper Venting

Wood Stove / Fireplace

- ◉ Wood Stove / Fireplace is Present
- ◉ Improper Venting
- ◉ Inadequate Combustion Air

Clothes Dryer

- ◉ Improper Venting

Air-to-Air Heat Exchanger

◉ Exist ◉ Non Operational

Housing App#:

ClientName:

ClientID:

Day Phone:

Assessors:

Assessment Date: