



Home Performance with ENERGY STAR® Affordable Housing Collection form

Rating #: _____

Date _____

PROPERTY INFORMATION

Owner's Name: _____ Year Built / Age: _____

Property Address: _____

City, State, Zip _____ Phone No: _____

Email: _____

UTILITY INFORMATION

Electric Provider Name: _____

Heating Fuel Provider Name: _____

Other Fuel Provider Name: _____

REQUIREMENTS

1. Air tightness

- Total exterior surface area (from ratings calc.) = _____ ft²
- CFM@50 limit = $.35 \times \text{ext. surface area}$ _____ cfm50
- Tested cfm@50: _____ Ring: _____

2. ASHRAE 62.2

- # of bedrooms _____ Required Flow: _____ cfm = (# of bedrooms +1) x 7.5 cfm + 1 cfm/100 sq. ft living area Tested Flow _____ cfm

Type: Exhaust fan Remote Switch Yes No Location: _____
 ERV/HRV (fully ducted / single / double punch)
 Central exhaust

3. HERS Index _____

ADDITIONAL NOTES