

**Form A – Low-Rise Multifamily Priority List Checklist - Region 2**

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|-------------------------------------------------|-------------------------------|--------------------------------|
| The building is 3-stories or less above grade.  | <input type="checkbox"/> True | <input type="checkbox"/> False |
| The building contains 5 or more dwelling units. | <input type="checkbox"/> True | <input type="checkbox"/> False |
| The building structure is wood-frame?           | <input type="checkbox"/> True | <input type="checkbox"/> False |

If you answered **TRUE** to all three above questions, you may continue with the following checklist items.

If you answered **FALSE** to any of the above questions, then this property is not eligible for use with this checklist.

Is this checklist for a single building?

- ☐ **Yes.**
- ☐ **No.** How many buildings are to be considered for this checklist? \_\_\_\_\_

Client ID/Job Number: \_\_\_\_\_

Address of building(s): \_\_\_\_\_

Number of dwelling units per building: \_\_\_\_\_

Unit types and #: 1BR unit/building: \_\_\_\_\_ ; 2BR unit/building: \_\_\_\_\_ ; 3BR unit/building: \_\_\_\_\_ ; 4BR unit/building: \_\_\_\_\_

Total number of dwelling units considered for this checklist: \_\_\_\_\_

Total number of WAP eligible units: \_\_\_\_\_ Percentage of building eligible: \_\_\_\_\_

Primary heating fuel: \_\_\_\_\_ Secondary heating fuel: \_\_\_\_\_

Are there any combustion appliances contained within the building(s)?

- ☐ **Yes.** Total #: \_\_\_\_\_. Use combustion testing *Form C* or Grantee's existing CAZ form for each dwelling unit tested in the building(s).
- ☐ **No.** Proceed with this checklist. No combustion safety testing is required.

Use H&S *Form H* to guide the physical safety inspection of every dwelling unit in the building(s) or use the Grantee's existing H&S inspection form.

Total # of units inspected: \_\_\_\_\_

Required photos of inspection:

- ☐ Complete exterior of all sides of building(s).
- ☐ Foundation area including measurement of joist depth, insulation depth, and air sealing locations.
- ☐ Attic area including measurement of joist depth, insulation depth, and air sealing locations.
- ☐ Wall cavity visual inspection of cavity depth, insulation depth, and air sealing locations.
- ☐ All accessible ducts outside the thermal boundary including areas to repair, seal, and insulate.
- ☐ All diagnostic testing results (CO, CAZ, SSE, CFM, etc.).
- ☐ Data tags (or lack thereof) for all heating/cooling systems, refrigerators, and water heaters.
- ☐ Flue/chimney for all vented combustion appliances.
- ☐ All H&S related issues.
- ☐ All Incidental Repair Measures (IRM).

**1 – Mandatory – Health and Safety Measures:** SWS [2](#), [6](#);

Complete all H&S measures as required and detailed on *Form H* for each unit.

<u>H&amp;S Measure</u>	<u>Quantity</u>	<u>Dwelling unit number/location</u>

Additional Comments: \_\_\_\_\_

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**2 – Mandatory - LED Lighting:** SWS [7.0103.1](#);

Is all screw-based lighting in the building(s) LED? (Consider only lights used a minimum 1 hour per day)

- ☐ **Yes.** Lighting replacement is not required. Skip to Section 3.
- ☐ **No.** Provide detail of type, wattage, number to be replaced and location:

<u>Existing Bulb Type</u>	<u>Wattage</u>	<u>Quantity</u>	<u>Dwelling unit numbers / room locations</u>

Additional Comments: \_\_\_\_\_

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**3 - Mandatory - Air Sealing:** SWS [3.01](#), [3.0202.1](#);

Check the box for each item that applies to this building or building type. Add any necessary details to the building diagram or comments section below.

- ☐ Attic top-plates;
- ☐ Bypasses, penetrations, and/or holes in the ceiling;
- ☐ Bypasses, penetrations, and/or holes in the walls;
- ☐ Bypasses, penetrations, and/or holes in the floor (unconditioned foundations only);
- ☐ Sill box to floor intersection requires air sealing (unconditioned foundations only);
- ☐ Entire sill box area requires air sealing (conditioned foundations only);
- ☐ Exterior door weatherstripping/sweep;

Locations: \_\_\_\_\_

- ☐ Attic Access (if access is between conditioned and unconditioned space);

Locations: \_\_\_\_\_

- ☐ Foundation Access (if access is between conditioned and unconditioned space);

Locations: \_\_\_\_\_

- ☐ Other: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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**4 – Mandatory – Duct Sealing:** SWS [5.0105](#), [5.0106.1](#);

Are any heating or cooling system ducts located outside the thermal boundary (i.e., in unconditioned space)?

- ☐ **Yes.** Continue with the Duct Sealing Section.  
☐ **No.** Duct sealing is not required. Skip to Section 5.

**Duct Repairs:** Are there any significant duct failures that need repair prior to sealing and insulating?

- ☐ **Yes.** List Repairs in Table below.  
☐ **No.** Continue with the Duct Sealing Section.

<u>Duct Repair Location</u>	<u>Square Ft.</u>	<u>Materials</u>

**Duct Sealing:** Note location of ductwork not sealed with mastic.

- ☐ Accessible ductwork in an unconditioned attic.  
☐ Accessible ductwork in an unconditioned subspace.

<u>Duct Sealing Locations</u>	<u>Linear Ft.</u>	<u>Materials</u>

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5 – Mandatory - Duct Insulation:** SWS [5.0107](#);

Are all accessible ducts outside the thermal boundary already insulated?

☐ **Yes.** Additional duct insulation is not required. Skip to Section 6.

☐ **No.** Insulate to R8 (or R12 if exposed to the exterior).

<u>Location for Duct Insulation</u>	<u>Square Ft.</u>	<u>Materials</u>

Additional Comments: \_\_\_\_\_

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**6 – Mandatory – Ceiling Insulation:** SWS [4.01](#);

Is the attic insulated to R49 or greater, or to full capacity if less?

- ☐ **Yes.** Additional attic insulation is not required. Skip to Section 7.
- ☐ **No.** Insulate attic to R49 or full capacity of ceiling if less.

<u>Attic Access Location</u>	<u>Square Feet to Insulate</u>	<u>Insulation Type to Add</u>

Attic prep required before insulating (check all that apply):

- ☐ Air sealing (detail in section 2)
- ☐ Soffit baffles (number per building): \_\_\_\_\_
- ☐ Insulation dams (linear ft): \_\_\_\_\_
- ☐ Flag utility junctions (total number/building): \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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**7 – Mandatory - Exterior Wall Insulation:** SWS [4.0202.1](#);

Consider all walls that are part of the conditioned boundary, including walls in buffered spaces such as unconditioned stairways and hallways.

Do all exterior walls (including buffered walls) have existing insulation?

- ☐ **Yes.** Additional wall insulation is not required. Skip to Section 8.
- ☐ **No.** If NO, is the gross area of uninsulated exterior walls >10% of total exterior wall area?

<u>Building</u>	<u>Total Gross Area (ft2)</u>	<u>Uninsulated Gross Area (ft2)</u>	<u>% Uninsulated</u>

- ☐ **Yes.** Dense pack all uninsulated exterior walls to full capacity.
- ☐ **No.** Additional wall insulation is not required. Skip to Section 8.

<u>Uninsulated Wall Location</u>	<u>Gross Area to Insulate (ft2)</u>	<u>Wall Cavity Depth (inch)</u>	<u>Insulation Type to Add</u>

Wall prep required before insulating; check all that apply:

- ☐ Lead-safe work practices
- ☐ Repairs. Describe: \_\_\_\_\_
- ☐ Insulation must be installed from inside the building
- ☐ Other: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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**8 – Mandatory – Floor Insulation:** SWS [4.03](#);

Are any floors of the conditioned areas of the building(s) uninsulated and adjacent to accessible unconditioned foundation spaces?

☐ **Yes.** Insulate all uninsulated floors to R30 or to full joist capacity, if less.

Exception: no insulation is required for crawlspace heights below 2 feet: Average Height: \_\_\_\_\_ feet

☐ **No.** Floor insulation is not required. Skip to Section 9.

<u>Uninsulated Floor Location</u>	<u>Gross Area to Insulate (ft2)</u>	<u>Available Cavity Depth (inch)</u>	<u>Insulation Type to Add</u>

Do any foundation spaces to which insulation was added have an exposed dirt floor?

☐ **Yes.** Install complete ground moisture barrier over any exposed dirt floor in spaces where insulation was added. SWS [2.0202](#);

☐ **No.** Ground moisture barrier is not required. Skip to Section 9.

Additional Comments: \_\_\_\_\_  
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 \_\_\_\_\_

**9 – Optional - General Heat Waste Reduction:**

- ☐ Install faucet aerators ( $\leq 2.2$  GPM). SWS [7.0201.1](#);

Total number of aerators to install: \_\_\_\_\_

<u>Dwelling Units Requiring Aerators</u>	<u>Number of Aerators Needed</u>	
	<u>Bath</u>	<u>Kitchen</u>

- ☐ Install low-flow showerheads ( $\leq 2.5$  GPM). SWS [7.0201.1](#);

Total number of showerheads to install: \_\_\_\_\_

<u>Dwelling units requiring showerheads</u>	<u>Quantity to each unit</u>

- ☐ Water heater tank insulation (R-10 minimum). SWS [7.0301.2](#);

Total number of water heaters to insulate: \_\_\_\_\_

<u>Location of Water Heaters</u>	<u>Tank Capacity (gal)</u>

- ☐ Water heater pipe wrap (Insulate the 6' of cold-water nearest the DWH and any/all accessible hot water line to a minimum of R3). SWS [7.0301.1](#);

Total linear feet of pipes to wrap: \_\_\_\_\_

<u>Location of Water Heater Pipes</u>	<u>Linear feet to wrap (ft)</u>	<u>Pipe Diameter (inch)</u>

**Total cost of all GHWR measures must not exceed \$250 per eligible dwelling unit**

Allowable cost = total number of WAP-eligible dwelling units ([click here](#)) x \$250 = \$ \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

**10 – Optional - Refrigerator:** SWS [7.0101.1](#);

Were any existing refrigerators manufactured prior to 2001?

- ☐ **Yes.** Replacement is allowed. Replacement refrigerators must be rated to use 400 KWh/yr. or less and cost no more than \$850 each (price includes all materials, labor and safe disposal of old fridge).
- ☐ **No.** Refrigerator replacement is not allowed based on age. Continue to next question.

<u>Building</u>	<u>Dwelling Units with pre-2001 refrigerators</u>	<u>Total to Replace</u>

Were any refrigerators metered?

- ☐ **Yes.**
- ☐ **No.**

Did any refrigerators have a metered result or industry accepted resource result of 1000 KWh/yr. or more?

- ☐ **Yes.** Replacement is allowed. Replacement refrigerators must be rated to use 400 KWh/yr. or less and cost no more than \$850 each (price includes all materials, labor and safe disposal of old fridge).
- ☐ **No.** Skip to Section 11.

<u>Building</u>	<u>Dwelling Units with refrigerators metered &gt; 1000 KWh/yr.</u>	<u>Total to Replace</u>

Additional Comments: \_\_\_\_\_

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**11 – Optional – LED Lighting Replacement of Fluorescent Tube Lighting:** SWS [7.0103.1](#);

Will any Fluorescent Tube lights or fixtures be replaced with LED lighting?

- ☐ **Yes.** Provide details of existing lighting to be replaced in the following table.  
☐ **No.** Skip to Section 12.

<u>Fixture Length (ft)</u>	<u>Fixture Quantity</u>	<u>Quantity and Type of Tubes in Each Fixture</u>	<u>Dwelling unit numbers / room locations</u>

Replacement lighting will be: ☐ LED Fixtures    ☐ LED T12 tubes    ☐ LED T8 tubes

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
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**12 – Optional - HVAC Replacements:** SWS [5.0108](#);

Select any that apply and provide the replacement details if replacement is an option:

- ☐ Existing ducted electric resistance forced air furnace and central air conditioner combination

Replace with heat pump (*minimum 15 SEER, 8.2 HSPF*)

<u>Number to install</u>	<u>Capacity (KBTU)</u>	<u>For dwelling unit numbers:</u>

- ☐ Existing non-ducted fixed electric resistance heat and non-ducted air conditioning

Replace with mini-split heat pump (*minimum 19 SEER, 10 HSPF*)

<u>Number to install</u>	<u>Capacity (KBTU)</u>	<u>For dwelling unit numbers:</u>

- ☐ Existing ducted heat pump manufactured prior to **2006**

Replace with heat pump (*minimum 15 SEER, 8.2 HSPF*)

<u>Number to install</u>	<u>Capacity (KBTU)</u>	<u>For dwelling unit numbers:</u>

- ☐ Existing window air conditioner (WAC) unit(s) manufactured prior to **2014**

Replace with *minimum 12 CEER* unit(s) of the same or lesser BTU capacity.

Total number of WAC to install: \_\_\_\_\_

Capacity of each unit: \_\_\_\_\_ KBTU

<u>Number of WAC to install per dwelling unit</u>	<u>For dwelling unit numbers:</u>
1	
2	
3	

- ☐ Existing system does not match any of the above descriptions

If replacement is desired, or if fuel-switching is proposed, a complete energy model will be required providing replacement with an SIR of 1.0 or greater. The model must assume that all mandatory items above have been completed.

Additional Comments: \_\_\_\_\_

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Auditor (printed name): \_\_\_\_\_ Auditor signature: \_\_\_\_\_