Form A – Low-Rise Multifamily Priority List Checklist - Region 3

The building is 3-stories or less above grade.	☐ **True**	☐ **False**
The building contains 5 or more dwelling units.	☐ **True**	☐ **False**
The building structure is wood-frame?	☐ **True**	☐ **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.

H&S Measure	Quantity	Dwelling unit number/location

Additional Comments: _____
_____
_____
_____
_____

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:

Existing Bulb Type	Wattage	Quantity	Dwelling unit numbers / room locations

Additional Comments: _____
_____
_____
_____
_____

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: _____
_____
_____
_____
_____

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 catastrophic duct failures that need repair prior to sealing and insulating?

☐ **Yes.** List Repairs in Table below.

☐ **No.** Continue with the Duct Sealing Section.

Duct Repair Location	Square Ft.	Materials

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

☐ Accessible ductwork in an unconditioned attic.

☐ Accessible ductwork in an unconditioned subspace.

Duct Sealing Locations	Linear Ft.	Materials

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).

Location for Duct Insulation	Square Ft.	Materials

Additional Comments: _____
_____
_____
_____
_____

6 – Mandatory – Ceiling Insulation: SWS 4.01;

Is the attic insulated to R60 or greater, or to full capacity if less?

☐ **Yes**. Additional attic insulation is not required. Skip to Section 7.

☐ **No**. Insulate attic to R60 or full capacity of ceiling if less.

Attic Access Location	Square Feet to Insulate	Insulation Type to Add

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: _____
_____
_____
_____
_____

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?

Building	Total Gross Area (ft2)	Uninsulated Gross Area (ft2)	% Uninsulated

☐ **Yes**. Dense pack all uninsulated exterior walls to full capacity.

☐ **No**. Additional wall insulation is not required. Skip to Section 8.

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

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: _____

_____

_____

_____

_____

8 – Mandatory – Floor Insulation: SWS 4.03;

Foundation spaces are (Check all that apply): ☐ Conditioned. Complete sub-section (A) of this page.
☐ Unconditioned and/or vented. Complete sub-section (B) of this page.
☐ Slab. Floor insulation is not required. Skip to Section 9.

(A) Conditioned Foundations: SWS 4.0401, 4.0402

Mandatory: Are all accessible rim/band joists (sill boxes) insulated to R30 or to capacity, if less?
☐ **Yes**. Rim/band joist insulation is not required. Skip to Section 8(b).
☐ **No**. Insulation is required. Complete the following table.

Foundation Access Location	Sill Box Height (inches)	Perimeter to Insulate (feet)	R-Value to Add	Insulation Type to Add

Optional: Above-grade foundation walls have: ☐ Cavity insulation of R19, or to capacity, if less.
☐ Continuous insulation of R15 or more.
If NEITHER of the above boxes are checked, then foundation wall insulation is an allowable measure.

Complete the following table if this measure is to be performed.

Foundation Access Location	Above-Ground Wall Height (feet)	Perimeter to Insulate (feet)	R-Value to Add	Insulation Type to Add

(B) Unconditioned or Vented Foundations: 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 adjacent to heated space 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.

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

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: _____
_____

9 – Optional - General Heat Waste Reduction:

☐ Install faucet aerators (≤ 2.2 GPM). SWS 7.0201.1;
Total number of aerators to install: _____

Dwelling Units Requiring Aerators	Number of Aerators Needed	
	Bath	Kitchen

☐ Install low-flow showerheads (≤ 2.5 GPM). SWS 7.0201.1;
Total number of showerheads to install: _____

Dwelling units requiring showerheads	Quantity to each unit

☐ Water heater tank insulation (R-10 minimum). SWS 7.0301.2;
Total number of water heaters to insulate: _____

Location of Water Heaters	Tank Capacity (gal)

☐ 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: _____

Location of Water Heater Pipes	Linear feet to wrap (ft)	Pipe Diameter (inch)

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.

Building	Dwelling Units with pre-2001 refrigerators	Total to Replace

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.

Building	Dwelling Units with refrigerators metered > 1000 KWh/yr.	Total to Replace

Additional Comments: _____
_____
_____
_____
_____

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.

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

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

Additional Comments: _____
_____
_____
_____
_____

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*)

Number to install	Capacity (KBTU)	For dwelling unit numbers:

☐ Existing non-ducted fixed electric resistance heat and non-ducted air conditioning
Replace with mini-split heat pump (*minimum 19 SEER, 10 HSPF*)

Number to install	Capacity (KBTU)	For dwelling unit numbers:

☐ Existing ducted heat pump manufactured prior to **2006**
Replace with heat pump (*minimum 15 SEER, 8.2 HSPF*)

Number to install	Capacity (KBTU)	For dwelling unit numbers:

☐ 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

Number of WAC to install per dwelling unit	For dwelling unit numbers:
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: _____
_____
_____
_____
_____

Auditor (printed name):_____ Auditor signature:_____