

The Biggest Reducer Project

Applicant Information

Name _____ Daytime Phone # _____
Address _____ Water Supplier _____
City, ST ZIP _____ Do you currently recycle? _____
Home Phone # _____ Electric Utility _____
Email _____ Gas/Propane Supplier _____

If selected, I agree to allow my utility providers to share information regarding my usage with the project coordinators. This information may be used for comparison of past and present usage and may be used for promotion of this project. If selected for this project, my family's energy use may be profiled through local media venues.

Signature _____ Date _____

Residence Questions

1. How would you describe your residence?

- Conventional house
- Manufactured home
- Condominium, townhouse, duplex, twin home
- Apartment
- Other (please specify) _____

2. When was your residence built?

- 2000 – present
- 1980 – 1999
- 1960 – 1979
- 1940 – 1959
- Prior to 1940

3. Do you own or rent this home? Own Rent

4. What is the approximate heated area of your residence?

(Mark only one. Multiply the house length (in feet) by the house width (in feet) by the number of levels. Do not include the garage or unfinished area.)

- Less than 1,000 square feet
- 1,000-1,499 square feet
- 1,500-1,999 square feet
- 2,000-2,499 square feet
- 2,500-2,999 square feet
- 3,000 or more square feet

5. How many people live at your residence for each age group?

- | | | | | |
|-----------------------|-------------------------|-------------------------|-------------------------|---------------------------------|
| Less than 6 years old | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 or more |
| 6-12 years old | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 or more |
| 13-20 years old | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 or more |
| 21-30 years old | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 or more |
| 31-50 years old | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 or more |
| 51-65 years old | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 or more |
| Over 65 years old | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 or more |

6. Do you operate a business from your home? yes no Type of Business _____

Energy Saving Measures

7. In the past two years have you taken any of the following energy saving measures?

- | | | | | | |
|------------------------------------|---------------------------|--------------------------|--------------------------------|---------------------------|--------------------------|
| Adjust your thermostat? | <input type="radio"/> yes | <input type="radio"/> no | Unplug unused devices? | <input type="radio"/> yes | <input type="radio"/> no |
| Adjust your water heater? | <input type="radio"/> yes | <input type="radio"/> no | Have an energy audit? | <input type="radio"/> yes | <input type="radio"/> no |
| Upgrade to Energy Star appliances? | <input type="radio"/> yes | <input type="radio"/> no | Replace windows? | <input type="radio"/> yes | <input type="radio"/> no |
| Turn off the lights? | <input type="radio"/> yes | <input type="radio"/> no | Install additional insulation? | <input type="radio"/> yes | <input type="radio"/> no |
| Install water savings measures? | <input type="radio"/> yes | <input type="radio"/> no | Weather proofing? | <input type="radio"/> yes | <input type="radio"/> no |
| Other _____ | | | | | |

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8. In the past two years how many CFL light bulbs have you installed in your home?

- a few of my lights
 about half of my lights
 most of my lights
 none

9. In the next 3 years do you plan to remodel your home to make it more energy efficient?

- yes
 no

Heating/Cooling

10. What type of fuel is used by the primary heating system for your residence? (Please mark only one.)

- Electricity
 Natural Gas
 Coal
 Solar
 Propane (LP or bottle gas)
 Fuel Oil
 Wood/Corn
 Other (please specify) _____

11. Does your home have a central air conditioner?

- Yes
 No
 Age of System _____

Appliances

12. Which one of the following best describes the primary water heater for your residence? (Please mark only one.)

- Standard electric (less than 90% efficient)
 On Demand (type) _____
 High efficiency electric (more than 90% efficient)
 Solar
 Natural gas
 Other (please specify) _____
 Propane gas (LP or bottle)
 Age of Unit _____

13. Please indicate which of the following household items are used in your residence. Mark the number of units in use for each device. If any of the items are rated as "Energy Star" please mark the last column.

Device	One	Two	Three or more	None	Energy Star?	Age of Units
Electric range	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		_____
Gas range	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		_____
Separate freezer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Dishwasher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Microwave oven	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		_____
Clothes washer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Electric clothes dryer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		_____
Gas clothes dryer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		_____
Television 32" or smaller	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Television larger than 32"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Video/audio equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Electric water softener	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		_____
Air exchanger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		_____
Water distiller	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		_____
Dehumidifier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Hot Tub/Spa/Sauna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		_____
Refrigerator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Room Air Conditioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____