



OSS Home Energy Savings Questionnaire



23 Church St, Goffstown NH 03045
(603) 497-4897

Date: _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

General Info: Current Client : YES NO Service Plan Subscriber: YES NO

Concerns you have about your home: (Reason for wanting OSS home energy savings program)

(continue on back if needed)

Home Constuction: Standard _____ Modular _____

Year Built: _____ or Pre-1970: YES NO Exterior Color: _____

of Bedrooms: _____ Roof Color: _____

of Bathrooms: _____ Type of Foundation:

of Occupants: _____ Crawlspace YES NO

of Stories: _____ SLAB YES NO

Attic: YES NO

Hot water production (Circle all that apply)

TYPE	FUEL OR ENERGY TYPE		
Tankless:	GAS	OIL	ELECTRIC
Storage Tank:	GAS	OIL	ELECTRIC
Alternative:	SOLAR	HEAT PUMP	

Central Heating System (Circle all that apply)

Forced Hot air:	GAS	OIL	ELECTRIC
Baseboard:	GAS	OIL	ELECTRIC
Radiant:	GAS	OIL	ELECTRIC
Steam:	GAS	OIL	

Alternative Heat Source (Wood Stove, ETC): _____

Air Conditioning System (Circle all that apply)

TYPE		
CENTRAL:	TRADITIONAL	ALTERNATIVE
WALLMOUNT:	TRADITIONAL	ALTERNATIVE
WINDOW UNITS:	# OF UNITS _____	

Thermostat: Programable YES NO

Ventilation

MECHANICAL VENTS:	YES	NO
ATTIC VENTS:	YES	NO
WHOLE HOUSE VENTILATION:	YES	NO

Appliances

of Refrigerators: _____ # of Dishwashers: _____
 # of Stoves: _____ # of Washers: _____
 # of Freezers: _____ # of Dryers: _____
 # of Microwaves: _____

Energy Usage for past 12 Months

Fuel Oil (gallons)

Propane (gallons)

Natural Gas (liters)

Wood (cords)

Pellets (tons)

Coal (tons)

Electricity (KWH)

Other

*** Should you continue with a home inspection please be sure to have past years utility bills (including Electric & Fuel usage) for your OSS Energy Savings Report ***