

Do-It-Yourself
**Home Electric Usage
Walk-thru**

Member Name _____

Phone Number _____

Home Details

Please check the boxes that apply to your home. The completed form may be returned to the cooperative's energy advisor for review. The form must be completed prior to a home energy audit conducted by Carroll Electric.

Our home is... single-family multi-family Including yourself, how many people live in the home? _____

Please indicate the number of children in the home by age: under age 6 _____ 7-12 _____ 13-17 _____

Please indicate the number of adults living in the home by age: 18-34 _____ 35-49 _____ 50-64 _____ 65+ _____

Our home is... site built modular trailer/mobile home

Age of Home/Year Built or Manufactured _____ Approximate square footage _____

The home has: crawl space basement slab

Exterior of the home is: Wood Brick Vinyl Sided Other _____

What condition is the exterior? good fair poor

Location of siding/brick/wood that needs repaired _____

Doors... Metal Wood Storm Doors: Yes No

Does each door close tightly? yes no

Location of doors that do not close tightly _____

What condition is weather-stripping? good fair poor

Location of weather-stripping needing replaced _____

Windows... single pane storm windows double pane Caulking: yes no

Does each window close tightly? yes no

Location of windows that do not close tightly _____

What condition is caulking around the windows? good fair poor

Location of caulking needing replaced _____

Lighting... *(Please indicate the number of bulbs next to each lighting type.)*

incandescent lighting _____ compact fluorescent lighting (CFL) _____ halogen _____

light-emitting diode (LED) _____ tube fluorescent T-12 _____ tube fluorescent T-8 _____

tube fluorescent T-5 _____ other _____

Home Details *continued...*

Heating Equipment... *(Check all that apply.)*

electric baseboard electric furnace wood burner gas propane fuel oil
heat pump geothermal heat pump portable space heater number used _____
other please explain _____

Interior temperature during winter: Day _____ Night _____

Date heating system was last serviced _____ Age of system _____

How frequently are filters replaced? _____

Cooling Equipment... *(Check all that apply.)*

central air conditioner heat pump window air conditioner number used _____ none
other please explain _____

Interior temperature during summer: Day _____ Night _____

Date cooling system was last serviced _____ Age of system _____

Are outdoor coils: clean damaged blocked

Large Appliances... *(Check all that apply.)*

Water heater is: gas electric Size in gallons _____ Age of water heater _____

When was the last time sediment was drained from the tank? _____

What is the water heater thermostat set to? 115° 120° Other° _____

range/cook top is: gas electric Age of range/cook top _____

dryer is: gas electric Age of dryer _____

number of refrigerators: _____ Age of refrigerator(s) _____

number of freezers: _____ Age of freezer(s) _____ Is each freezer full? yes no

well pump: yes no Age of pump _____

Additional Appliances... *(does your household have any of the following appliances? Check all that apply.)*

projection/large screen tv other televisions computer game console

DVR VCR/DVD/Blu-ray player microwave dishwasher ceiling fans cell phones

aquarium/reptile cage fence charger garage door opener humidifier dehumidifier

pool heater hot tub whirlpool tub pool pump waterbed tanning bed livestock heater

Out Buildings...

Number of Outbuildings with power _____ Do any of these buildings have separate meters? yes no

Do any of these buildings have power running underground? yes no

What are the out buildings used for (livestock, auto repair, welding, hobbies) _____

Return completed form to:
Carroll Electric Cooperative, Inc.
PO Box 67 • Carrollton, Ohio 44615
Attn: Energy Advisor