

Multifamily Property Evaluation Form

Site and contact		
Property Name:	Property owner:	Date:
Property Address:	City, State & Zip Code	
Primary Contact Name:	Phone:	Email:
How did you hear about SDG&E's multifamily programs?		
General information		
Number of buildings:	Number of floors:	Total number of dwelling units:
Year constructed:	Year of last major renovation:	Number of low-income units (up to 200% federal poverty level):
		Number of moderate-income units (up to 400% federal poverty level):
		Number of market rate units
Utility providers:	Metering:	Payment:
Electricity:	<input type="checkbox"/> Master <input type="checkbox"/> Individual	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner
Natural Gas:	<input type="checkbox"/> Master <input type="checkbox"/> Individual	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner
What type of work are you planning for this property? (check all that apply):		
<input type="checkbox"/> Comprehensive rehabilitation <input type="checkbox"/> Partial retrofit/upgrades <input type="checkbox"/> Upgrade dwelling units at tenant turnover <input type="checkbox"/> Upgrade common area/central system <input type="checkbox"/> Undecided and/or no upgrades planned		
Total budget:	Estimated construction completion date:	
Do you plan to syndicate or refinance this property? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Do you have reserves to help fund retrofit work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Envelope		
Existing Conditions (check one):		Planned Work (Check all that apply; if no work planned, leave blank):
Wall construction type: <input type="checkbox"/> Concrete block <input type="checkbox"/> Wood framed <input type="checkbox"/> Metal framed <input type="checkbox"/> Don't know Are the exterior walls insulated? <input type="checkbox"/> Yes R-Value: _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know		<input type="checkbox"/> Remove drywall and insulate <input type="checkbox"/> Drill and fill insulation <input type="checkbox"/> Add shear and structure (no insulation) <input type="checkbox"/> Add exterior continuous insulation <input type="checkbox"/> Undecided Estimated R-Value post-retrofit: _____
Roof construction type: <input type="checkbox"/> Composite shingle <input type="checkbox"/> Wood shingle <input type="checkbox"/> Tile shingle <input type="checkbox"/> Asphalt, tar, gravel Year roof was last replaced: _____ Is the roof/ceiling insulated? <input type="checkbox"/> Yes R-Value: _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know		<input type="checkbox"/> Replace and insulate <input type="checkbox"/> Replace top layer <input type="checkbox"/> Attic or ceiling insulation <input type="checkbox"/> Undecided Estimated R-Value post-retrofit: _____
Predominant window type: <input type="checkbox"/> Single pane <input type="checkbox"/> Double pane <input type="checkbox"/> Don't know Predominant window frame type: <input type="checkbox"/> Metal framed <input type="checkbox"/> Non-metal framed <input type="checkbox"/> Don't know		<input type="checkbox"/> Replace single with double <input type="checkbox"/> Replace metal with non-metal <input type="checkbox"/> Replace single/metal with double/non-metal <input type="checkbox"/> Undecided
Systems		
Existing Conditions (check one):		Planned Work (Check all that apply; if no work planned, leave blank):
Water heating equipment: <input type="checkbox"/> Individual water heater for each dwelling unit <input type="checkbox"/> Water heaters each serving several units <input type="checkbox"/> Water heater/boiler serving each building <input type="checkbox"/> Boiler serving multiple buildings Water heating fuel type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Fuel oil Recirculation controls: <input type="checkbox"/> None <input type="checkbox"/> Timer <input type="checkbox"/> Demand <input type="checkbox"/> Temperature (Central water heating systems only) <input type="checkbox"/> Don't know Year water heater/boiler(s) last replaced: _____ Supplemented by a solar water heating (solar thermal) system? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Replace with higher efficiency <input type="checkbox"/> Add blanket(s) or pipe insulation <input type="checkbox"/> Modify pump control <input type="checkbox"/> Upgrade to new system <input type="checkbox"/> Replace existing w/ undecided <input type="checkbox"/> Undecided

Email completed form to sdmultifamily@trcsolutions.com, or fax to 760-436-7014.

For questions, please contact TRC Energy Services, SDG&E's authorized program implementer at 866-352-7457.

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Systems	
Existing Conditions (check one):	Planned Work (Check all that apply; if no work planned, leave blank):
Predominant heating system: <input type="checkbox"/> Electric resistance unit <input type="checkbox"/> Packaged heat pump <input type="checkbox"/> Central (ducted) heat pump <input type="checkbox"/> Gas wall furnace <input type="checkbox"/> Central (ducted) gas furnace <input type="checkbox"/> Hydronic (hot water) <input type="checkbox"/> Combined hydronic (space heating & domestic hot water) Year last replaced: _____ Predominant cooling system: <input type="checkbox"/> Window A/C units <input type="checkbox"/> Packaged <input type="checkbox"/> Split/ central (ducted) <input type="checkbox"/> None Year last replaced: _____	<input type="checkbox"/> Replace with higher efficiency <input type="checkbox"/> Replace existing w/ undecided <input type="checkbox"/> Change system type <input type="checkbox"/> Undecided
Appliances	
Existing Conditions (check one):	Planned Work (Check all that apply; if no work planned, leave blank):
Who owns the dwelling unit refrigerators? <input type="checkbox"/> Tenant <input type="checkbox"/> Property manager <input type="checkbox"/> Building owner Year last replaced: _____ What is the cooking fuel type? (check one) <input type="checkbox"/> Gas <input type="checkbox"/> Electric Who owns the dwelling unit dishwashers? <input type="checkbox"/> Tenant <input type="checkbox"/> Property manager <input type="checkbox"/> Building owner Year last replaced: _____	<input type="checkbox"/> Replace with basic model refrigerator <input type="checkbox"/> Replace with Energy Star refrigerator <input type="checkbox"/> Undecided <input type="checkbox"/> Replace with basic model dishwasher <input type="checkbox"/> Replace with Energy Star dishwasher <input type="checkbox"/> Undecided
How many clothes washer/dryers are on the property? Washers: Dryers: <input type="checkbox"/> Common laundry, owned by building owner/property manager <input type="checkbox"/> Common laundry, operated by outside firm <input type="checkbox"/> In unit, tenant owned <input type="checkbox"/> In unit, owned by building owner/property manager	<input type="checkbox"/> Replace with basic model washer/dryer <input type="checkbox"/> Replace with Energy Star washer/dryer <input type="checkbox"/> Undecided
Lighting	
Existing Conditions (check one):	Planned Work (Check all that apply; if no work planned, leave blank):
What is the predominant lighting technology used for hard-wired lighting fixtures in the dwelling units? Dwelling units (check one): <input type="checkbox"/> Incandescent <input type="checkbox"/> Compact fluorescent <input type="checkbox"/> Linear fluorescent <input type="checkbox"/> None Year last replaced: _____ Common areas (check one): <input type="checkbox"/> Incandescent <input type="checkbox"/> Compact fluorescent <input type="checkbox"/> Linear fluorescent <input type="checkbox"/> None Year last replaced: _____ What type of lighting control is installed? Dwelling units (check one): <input type="checkbox"/> Dimmer switch <input type="checkbox"/> Occupancy (motion) sensor <input type="checkbox"/> Automatic daylighting controls <input type="checkbox"/> Time clock <input type="checkbox"/> None <input type="checkbox"/> Don't know Common areas (check one): <input type="checkbox"/> Dimmer switch <input type="checkbox"/> Occupancy (motion) sensor <input type="checkbox"/> Automatic daylighting controls <input type="checkbox"/> Time clock <input type="checkbox"/> None <input type="checkbox"/> Don't know	<input type="checkbox"/> Replace fixtures in-kind (minor) <input type="checkbox"/> Replace bulbs (minor) <input type="checkbox"/> Replace ballasts (semi-major) <input type="checkbox"/> Upgrade lighting system (major) <input type="checkbox"/> Undecided
Other	
Existing Conditions (check one):	Planned Work (Check all that apply; if no work planned, leave blank):
Are there ceiling fans in the units? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know Are any water saving features installed? <input type="checkbox"/> Low-flow showerheads <input type="checkbox"/> Faucet Aerators <input type="checkbox"/> Don't Know	<input type="checkbox"/> Replace fans <input type="checkbox"/> Replace with low flow fixtures <input type="checkbox"/> Add faucet aerators <input type="checkbox"/> Undecided