

No-Cost Heat Pump Upgrades

Residential | Customer Questionnaire | Form 300_{HPQ}



To be completed by Participating Organization on behalf of Client

Heating and cooling costs account for the majority of the average home's utility bill, and water heating is typically the second greatest energy use. Your home may be a good fit for appliances using heat pump technology, which could reduce your utility bills..

Energy Trust of Oregon is a nonprofit organization that assists investor-owned utility customers with energy efficiency and renewable energy projects. Energy Trust **may be able to cover the entire cost, or significantly discount the cost of a new ductless heat pump, central heat pump, and/or heat pump water heater installation for your home.**

The following questions ask for your household income and your experience with your energy bill(s) to help Energy Trust determine if a heat pump appliance could reduce your utility bills and make your home more comfortable.

Client Information	
Name:	Date:
Home Address:	

Income Verification	
"Income" includes any income or funds you receive or that is received by people you count as living in your household	
Household size (how many people?):	
Household's gross annual income:	OR Household's gross monthly income:
Have you participated in any of the following programs in the last 3 years?	<input type="checkbox"/> Oregon Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Oregon Weatherization Assistance Program <input type="checkbox"/> Oregon Utility Bill Payment Assistance <input type="checkbox"/> Oregon Low-Income Household Water Assistance Program <input type="checkbox"/> Oregon Special Supplemental Nutrition Program for Women, Infants and Children (WIC) <input type="checkbox"/> Discount Bill Rate Program (through your electric utility) <input type="checkbox"/> Other: _____

Energy Bill Payment Experience	
Do you ever struggle to pay your electricity bill? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Other:	
Do you struggle to pay for any other necessities? (food, medicine, water bills, etc.) <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Other:	
Approximately how much is your monthly electric bill payment in the winter ?	
Approximately how much is your monthly electric bill payment in the summer ?	
Do you have any other energy costs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the estimated monthly costs of each below:
Wood \$ / <input type="checkbox"/> per month OR <input type="checkbox"/> per year	Propane \$ / <input type="checkbox"/> per month OR <input type="checkbox"/> per year
Oil \$ / <input type="checkbox"/> per month OR <input type="checkbox"/> per year	Kerosene \$ / <input type="checkbox"/> per month OR <input type="checkbox"/> per year
Other: \$ / <input type="checkbox"/> per month OR <input type="checkbox"/> per year	

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Comfort Experience		
In the winter, do you ever turn down/off your heating system to purposefully make your bills more affordable?	<input type="checkbox"/> Never/Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often	(If 'Sometimes' or 'Often'), does this lead to uncomfortable indoor temperatures? <input type="checkbox"/> Yes <input type="checkbox"/> No
In the summer, do you ever turn down/off your air conditioning to purposefully make your bills more affordable?	<input type="checkbox"/> Never/Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> We do not have AC	(If 'Sometimes' or 'Often'), does this lead to uncomfortable indoor temperatures? <input type="checkbox"/> Yes <input type="checkbox"/> No
During periods of wildfire smoke, how do you cool your home? (Check all that apply)	<input type="checkbox"/> Room/Portable AC units <input type="checkbox"/> Fans <input type="checkbox"/> Open windows	
Have you or someone in your household experienced increased medical costs or medical visits due to heat waves in recent years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you or someone in your household experienced increased medical costs or medical visits due to wildfires in recent years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does someone in your household have medical needs that require electricity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Notes

To Be Completed by Organization Staff Member		
By signing this Agreement, I certify that the information presented is true and accurate to the best of my knowledge.		
Staff Member Name	Signature	Date:
Organization Name:	Offer(s) Recommended: <input type="checkbox"/> No-Cost DHP -or- <input type="checkbox"/> No-Cost HP <input type="checkbox"/> No-Cost HPWH	

Submit questionnaire along with completed and signed [Form 300CPF: Customer Authorization form](#) to communitypartners@energytrust.org