



Mail or E-mail to: EarthWays Center
 4651 Shaw Blvd, St. Louis, MO 63110
energymanager@mobot.org

AUDIT SUMMARY FORM

Energize Liberty Utilities Homes

This form must be completed by an Energize Liberty Utilities Homes certified auditor using information from an energy audit. The form must be signed by both the homeowner and the energy auditor. Either the auditor or homeowner must submit all required materials to EarthWays Center (EWC). Please keep a copy of the application for your records.

APPLICANT INFORMATION			
Applicant Name:		Liberty Utilities Account No:	
Audited Property Address:		Applicant Mailing Address:	
City, State, Zip:		City, State, Zip	
Phone:		Email:	
AUDITOR INFORMATION			
Auditor Company Name:		Auditor Name:	
Auditor Phone:		Auditor Email:	
AUDIT FINDINGS			
Baseline Nat. Gas Usage:	(CCF/yr)	Annual Nat. Gas Savings	(CCF/yr)
Proposed Nat. Gas Usage:	(CCF/yr)	Percentage of Nat. Gas Savings	(%)
PROGRAM ACTIVITIES			
Energy Audit – Implement recommended upgrades to meet minimum Tier 1 requirements – 100% audit cost up to \$500			
Liberty Home Performance Rebate Requirements			
Requirements	Estimated Cost	Total	
Tier 1: .Reduce air infiltration by 30% and insulate attic to R-49			
Tier 2: Upgrade furnace to 94%, sized by ACCA Manual J in addition to the Tier 1 requirements.			
REQUIRED DOCUMENTS TO RECEIVE TECHNICAL REVIEW & RECOMMENDATIONS APPROVAL			
Signed Audit Summary Form	Photo of Front of Residence		
Signed Terms & Conditions	Copy of Homeowner BPI Assessment Report		
SIGNATURES			
I, _____, certify that I own and live in the audited property and that it serves as my primary residence. Furthermore, I acknowledge that my proposed project must be completed within six months of the initial audit and rebate request submitted within 30 days following the improvements.			
<small>HOMEOWNER NAME (PRINT)</small>			
Homeowner Signature		Date	
I, _____, certify that I have audited this property in an ethical manner and in accordance with standards for BPI and the Energize Liberty Utilities Homes. I certify that these audit results are accurate to the best of my knowledge, information, and belief.			
<small>AUDITOR NAME (PRINT)</small>			
Auditor Signature		Date	



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**ASSIGNMENT OF REBATE PAYMENT
 Energize Liberty Utilities Homes**

FOR VALUE RECEIVED, the undersigned (Assignor):

Homeowner Name: _____

Property Address: _____

Contact Phone No. _____

hereby assigns, transfers and sets over to (Assignee):

Contractor/Company: _____

Tax ID: _____

Assignee Mailing Address: _____

Contact Phone No. _____

all rights and interests held by the Assignor in and to the following:

Payment(s) made by Liberty Utilities relative to participation in the Energize Liberty Utilities Homes rebate program for:

Energy Audit Rebate Amount	\$ _____
+ Energy Efficient Improvement Rebate Amount	\$ _____

= Total Assigned Rebate Amount	\$ _____

The Assignor warrants that it has full right and authority of transfer said payments and hereby understands that upon doing so Liberty Utilities has satisfied program obligations per the Energize Liberty Utilities Homes rebate program award letter. Assignor further understands that with this assignment, Assignor does not waive program terms and conditions as set forth by Liberty Utilities and agreed to by Assignor.

 Authorized Assignor printed name

 Authorized Assignor Signature

Date _____