WX20 Mobile Home Audit Collection Form

Updated July 1st 2026

NEBRASKA

DEPT. OF WATER, ENERGY, AND ENVIRONMENT

Audit/Client Details			
Agency:	**Auditor:**	**Job #:**	Date of Audit:
Client Name:	**Street:**	City:	
Zip Code:	**County:**	**Client Phone #:**	
Ownership:		**Client Email:**	

Landlord, POA or other if Applicable			
Name:	**Relationship**	**Phone Number**	**Email**

Notes

Building Information		
Building Type:	**Primary Heating Fuel:**	**Number of Occupants:**
No. of Units:	**High Energy User:**	**Number of Elderly:**
No. of Rentals:	**High Energy Burden:**	**Number of Disabled:**
Number of Owner Occupied:	**Previously Weatherized:**	**Number of Native American:**
Primary Language:	**Date if Previous Weatherization:**	**Number of Children:**
Utility Account 1:	**Length (ft):** **Width (ft):**	**Number of Bedrooms:**
Utility Account 2:	**Exterior Wall Height:**	**Wind Shielding:**
Historical Home:	**Infiltration Height:**	**Outdoor Water Closet:**

Notes

Walls											
Wall Information					Existing Insulation			Carport/Porch Roof			
Stud Size	Orientation of long wall	Wall Ventilation	Uninsul. Wall Area (sq ft)	Add. $$	Batt/Blanket (in)	Loose Fill (in)	Foam Core (in)	Present	Length	Width	Orientation

Wall Addition(s) NA										
								Configuration Information		
								Config.	Max Wall Height (ft)	Min Wall Height (ft)
Additional Wall Information: List any issues in Notes										
☐ Electrical Issue(s) ☐Water Leak/Issue ☐ Moisture Mold Issue ☐ Lead Paint Present Likely ☐ Asbestos Siding Likely ☐ Other Issue(s)										
Notes										

Orientation of Long Wall: North, East, West, South
Wall Ventilation: Vented, Not Vented

Windows (Including Addition(s) & Sliding Glass Doors)											
Code	Window Type	Frame	Glazing	Storm	Int. Shading	Ext. Shading	Leakiness	W	H	# Windows On:	
Notes											

Window Type: Jalouse, Awning, Slider, Fixed, Door Window, SGD, Skylight
Frame Type: Fiberglass, Vinyl, Wood, Metal, Improved Metal
Glazing Type: Single Pane, Double Pane, Double Pane Low E
Leakiness: Very Tight, Tight, Medium, Loose, Very Loose

Storm Window: None, Clear, Low E
Interior Shading: None, Drapes, Blinds/Shades, Drapes w/Blinds/Shades
Ext. Shading: None, Overhang/Awning, Carport/Porch, Low E Film, Sun Screen Fabric or Louvered

Doors (From outside of home, Including Addition(s)									
Code	**Door Type**	**W**	**H**	**Storm Door**	**Leakiness**	**# of Doors On:**		**Swing**	**Lockset**
				☐			**North**		
				☐			**South**		
				☐			**East**		
				☐			**West**		
				☐					
Notes									

Door Type: None, Hollow Core, Solid Core, Insulated Steel **Leakiness:** Tight, Medium, Loose

Ceiling (Including Addition(s)								
Roof Type	**Roof Color**	**Joist Size**	**Height at Center (in)**	**Ex. Batt/Blanket Depth (in)**	**Ex. Loose Fill (in)**	**Ex. Foam Core (in)**	**Cathedral Ceiling %**	**Step Wall Orientation**
Additional Attic Information: List other needed info in Notes								
☐Recessed Lighting ☐Electrical Issue ☐Existing Baffles ☐Water Leak Present ☐Exhaust Fan Venting Present								
☐Chimney/Flue Shielding Present ☐Inaccessible Attic(s) ☐Vermiculite Present ☐Moisture Problem Evident								
Notes								

Roof Type: Flat, Bowstring, Pitched **Roof Color:** White/Reflective/Shaded, Normal/Weathered

Floor					
Floor Information		**Wing Description**		**Belly (Center) Description**	
Floor Joist Direction		**Floor Joist Size**		**Floor Joist Size**	
Skirt Present	☐	**Batt/Blank. Location**		**Belly Cavity Config.**	
Add. Cost		**Batt/Blank. Thickness (in.)**		**Belly Cond.**	
		Loose Ins. Thickness (in.)		**Belly Max Depth (in.)**	
				Batt/Blank. Location	
				Batt/Blank. Thickness (in.)	
				Loose Ins. Thickness (in.)	

Notes:

Floor Joist Direction: Lengthwise, Widthwise Wing Batt/Blank. Location: Attached to Flooring, Between Joists, Attached Under Joists, None
Belly Cavity Configuration: Rounded, Flat, Square **Condition of Belly:** Good, Average, Poor
Belly Batt/Blank. Location: Attached to Flooring, Between Joists, Attached Under Joists, None

HVAC																
HVAC System Code	**Manuf.**	**Model**	**Equipment**	**Location**	**Fuel** Elec, NG, Pro, Wood, Coal		**Eff Input**	**Year Manuf.**	**Efficiency**		**Output**		**Fraction Load Served**	**Equipment** Atm Burner Auto Damp, IID, PL, OIS	**Year Installed**	**Maintenance Status** Seldom, Annual, Never
					Primary	**Backup**			**AFUE**	**%**	**kBtu/hr**	**Btu/hr**				
Notes or Issues Found **Equipment:** Atmospheric Burner, Auto Vent Damper, IID, Pilot Light, On in Summer																

Duct System							
System Code	**Type**	**System Served**	**Duct Location**	**Duct Insulation**	**Surface Area**	**Ins. R Value**	**No. of Return Reg**

Notes

System Served: Heating, Cooling, Both **Duct Location**: Conditioned, Unconditioned Attic, Unconditioned Garage, Unconditioned Belly **Duct Location:** Above, Below, Around, None

Infiltration/After WX Target			
ASHRAE 62.2-2016 | Building America Solution Center (pnnl.gov)			
Pre-Blower Door	**Red Calc**	**Target BD**	

Use NeWAP Target Blower Door Calculator for Target BD

Notes

Zonal Pressures/Room Pressures/Pressure Pans/Duct Operating Pressures								
	Location	Pa	Location	Pa	Location	Pa	Location	Pa
Zonal Pressures								
Room Pressures								
Pressure Pans								
Duct Operating Pressures								
Notes								

Water Heating								
System 1			System 2			System 3		
Manufacturer			Manufacturer			Manufacturer		
Model			Model			Model		
Equipment Type			Equipment Type			Equipment Type		
Location			Location			Location		
Fuel			Fuel			Fuel		
Input Units			Input Units			Input Units		
UEF			UEF			UEF		
Storage (gal.)			Storage (gal.)			Storage (gal.)		
Original Tank Insulation ☐ None Installed			Original Tank Insulation ☐ None Installed			Original Tank Insulation ☐ None Installed		
R Value	Thickness	Type	R Value	Thickness	Type	R Value	Thickness	Type
No. Showerheads			No. Showerheads			No. Showerheads		
Use (min/day)			Use (min/day)			Use (min/day)		
Flow Rate (gpm)			Flow Rate (gpm)			Flow Rate (gpm)		
☐ Pipe Wrap Needed ☐ Drip Leg Needed			☐ Pipe Wrap Needed ☐ Drip Leg Needed			☐ Pipe Wrap Needed ☐ Drip Leg Needed		
Notes or any issues found								
Equip Type: Storage, HP, Tankless **Location:** Cond., Uncond Garage **Fuel:** Elect, NG, Propane, Fuel Oil **Input Units:** kBtu/hr, KW								

Refrigerator					
Manufacturer		**Consumption**			
Style		**Nameplate/Database**		**Metered**	
Size (cu ft)		**Rated Con. (kWh/y)**		**Metering Min.**	
Model		**Age**		**Meter Reading (kWH)**	
Defrost		**Door Seal Cond.**		☐ **Manual Defrost**	
Location				☐ **Includes Defrost Cycle**	
Notes					

Style: Top Freezer, Bottom Freezer, Side by Side, Single Door, Single Door/Freezer, Other **Defrost:** Auto, Manual, Partial, Other **Location:** Cond., Uncond, Uncond. Basement
Age: Less than 5 years, 5-9, 10-14, 15 or more **Door Seal:** Good, Fair, Poor

Lighting									
Light Code	**Room**	**Location**	**Lamp Type**	**Quantity**	**Size (Watts)**	**Brightness**	**Color Temp (K)**	**Size (Watts)**	**Usage (hr/day)**
Notes									

Room: Kitchen, Family Room, Living Room, Rec Room, Dining, Bedroom, Bath **Location:** Ceiling, Floor, Table, Wall, Multiple, Other
Lamp Type: Incandescent, Halogen, Fluorescent, CFL, LED, Other

Health and Safety						
Whole House		**Equipment**				
☐Smoke Detector Needed ☐CO Monitor Needed		☐ Wood Stove/Fireplace Present	**Cook Stove** ☐ Gas Leak Present			
Ambient Carbon Monoxide Measurements		☐ Improper Venting	Oven (ppm)			
Room w/Heating System (ppm)		☐ Combustion Air is Inadequate	Burner 1	☐	Burner 2	☐
Living Area (ppm)			Burner 3	☐	Burner 4	☐
Kitchen(ppm)		☐ Improper Dryer Venting	**Check box if burners are functioning properly above**			

Exhaust Fans			
Location	**Status**	**Operable Window**	**CFM**
	☐Missing ☐ Not Operational ☐ Improper Venting		
	☐Missing ☐ Not Operational ☐ Improper Venting		
	☐Missing ☐ Not Operational ☐ Improper Venting		
	☐Missing ☐ Not Operational ☐ Improper Venting		
	☐Missing ☐ Not Operational ☐ Improper Venting		
Notes			

Itemized Costs				
☐ Duct Repair	☐ Remove Window A/C	☐ Weatherized Attic Access	☐ Fix Broken Glass	☐ Roof Repair
☐ Insulate A/C Line	☐ Radon Prevention	☐ Duct Sealing	☐ ASHRAE Fan	☐ Vapor Barrier
☐ Fix Chimney/Flue Shielding	☐ Fix Improper Dryer Venting	☐ CO Monitor Needed	☐ Smoke Detector Needed	
Notes				

Site Diagram

Wall Elevations