VOR
Value Optimised Retrofit

Retrofit Energy Questionnaire

CHECKLIST OF INFORMATION REQUIRED FOR ASSESSMENT:

☐ Copy of **Electricity bill** for last 12 months (monthly)

☐ Copy of **Gas bill** for last 12 months (monthly)

Amount spent on **Other Fuels** _____

PLEASE CAN THE BILLS BE PRINTED OFF READY FOR THE RETROFIT ASSESSMENT OR SAVED ON A DEVICE THAT CAN BE PHOTOGRAPHED FOR EVIDENCE.

Occupant Name: .....

Occupant Address: .....

Energy Usage

1. Metering: Electricity

Meter Type - *please select an option:* ☐ Standard Dial ☐ Digital ☐ Variable Rate ☐ Smart ☐ Prepayment

Standard Tariff = £ per kWh _____ **Off Peak Tariff = £ per kWh** _____

Meter Readings

Month												
Standard (kWh)												
Off Peak (kWh)												
Total Usage (kWh)												

Annual Total (kWh) _____ **Annual Cost £ (Inc VAT)** _____

Notes:

2. Metering: Mains Gas

Meter Type - *please select an option:* ☐ Standard Dial ☐ Digital ☐ Variable Rate ☐ Smart ☐ Prepayment

Standard Tariff = £ per kWh _____ **Off Peak Tariff = £ per kWh** _____

Meter Readings

Month												
Standard (kWh)												
Off Peak (kWh)												
Total Usage (kWh)												

Annual Total (kWh) _____ **Annual Cost £ (Inc VAT)** _____

Notes:

3. Other Fuel

Fuel Type	Annual Usage (£)	Fuel Type	Annual Usage (£)
LPG		Wood	
Oil		Anthracite	
House Coal		Smokeless Coal	