

AIR SOURCE HEAT PUMP REBATE APPLICATION

Member must: 1) Be in good standing with the Cooperative; 2) Complete application in full; 3) Sign; 4) Submit with COPY of receipt within 90 days of purchase

Version 3.1
May 13, 2020



Get a rebate from your electric cooperative!
TERMS AND CONDITIONS APPLY
Rebate recipients may be asked to participate in a future survey by e-mail invitation or by phone.

| MEMBER INFORMATION | | | | |
|--|--------|------|-----------------------|--|
| Name: | | | Co-op Account Number: | |
| Address (where unit is installed): | | | | |
| City: | State: | Zip: | Phone: | |
| Mailing address (if different than installed address): | | | | |
| City: | State: | Zip: | Install date: | |
| Email address: | | | | |

See back of form for terms and conditions.

RESIDENTIAL INFORMATION Member must complete this section.

| Check one: | Check one: | Is this rental property? | Did rebate influence your purchase decision? | How many people live in the home? | |
|--|--|------------------------------|--|-----------------------------------|--|
| <input type="checkbox"/> PRIMARY HOME | <input type="checkbox"/> NEW HOME | <input type="checkbox"/> YES | <input type="checkbox"/> YES | | |
| <input type="checkbox"/> VACATION HOME | <input type="checkbox"/> EXISTING HOME | <input type="checkbox"/> NO | <input type="checkbox"/> NO | | |

| | | | | | |
|---|---|--|---|---|--|
| Home type (check one): | Single family <input type="checkbox"/> | Multi-family <input type="checkbox"/> | Town home <input type="checkbox"/> | Condo <input type="checkbox"/> | Other <input type="checkbox"/> |
| Existing method to HEAT your home (check one): | Gas-forced air <input type="checkbox"/> | Electric-forced air <input type="checkbox"/> | Electric baseboard <input type="checkbox"/> | Air source heat pump <input type="checkbox"/> | Ground source heat pump <input type="checkbox"/> |
| Existing method to COOL your home (check one): | Central air <input type="checkbox"/> | Window air <input type="checkbox"/> | None <input type="checkbox"/> | Air source heat pump <input type="checkbox"/> | Ground source heat pump <input type="checkbox"/> |
| Type of BACK UP heating system used by the new system: | Natural gas <input type="checkbox"/> | Propane <input type="checkbox"/> | Fuel oil <input type="checkbox"/> | Electric furnace <input type="checkbox"/> | |
| How did you hear about our rebates? | Radio <input type="checkbox"/> | TV <input type="checkbox"/> | Newsletter <input type="checkbox"/> | Mailing <input type="checkbox"/> | Employee <input type="checkbox"/> |
| | Contractor <input type="checkbox"/> | Builder <input type="checkbox"/> | Newspaper <input type="checkbox"/> | Other <input type="checkbox"/> | |

HEAT PUMP INFORMATION Member must complete this section.

| | OLD UNIT 1 | OLD UNIT 2 | NEW UNIT 1 | NEW UNIT 2 |
|--|--|------------|--|--|
| MANUFACTURER: | | | | |
| MODEL: | | | | |
| HSPF: | | | | |
| SEER: <small>*New unit(s) SEER rating must be 17 or higher to qualify for rebate</small> | | | <small>*SEER rating must be 17 or higher to qualify for rebate</small> | <small>*SEER rating must be 17 or higher to qualify for rebate</small> |
| CAPACITY (TONS): | | | | |
| REBATE AMOUNT: | ^Rebate amount is \$150 per ton (ex. 3 ton unit: 3 tons X \$150 = \$450 rebate) | | | |
| REASON FOR REPLACEMENT: | | | | |

MEMBER SIGNATURE (Certifies that the appliance(s)/unit(s) listed meet program requirements and that they are installed at the address listed. I agree that the cooperative may verify installation at the address listed.)

COOPERATIVE IS RESPONSIBLE FOR MAINTAINING ALL RECEIPTS AND DOCUMENTS RELATED TO THIS APPLICATION

Cooperative approval signature: