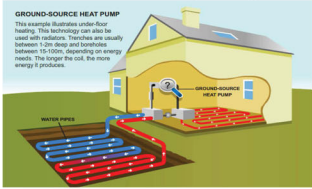


GROUND SOURCE HEAT PUMP REBATE APPLICATION

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 2.0 March 11, 2019



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:				

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	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
<input type="checkbox"/> VACATION HOME	<input type="checkbox"/> EXISTING HOME	NO <input type="checkbox"/>	NO <input type="checkbox"/>	

Home type:	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 EER: <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 EER: <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"/>	None <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"/>	

NEW HEAT PUMP INFORMATION Member must complete this section.

	NEW UNIT #1	NEW UNIT #2
MANUFACTURER:		
MODEL:		
EER: *New unit(s) EER rating must be 19.1 or higher to qualify for rebate		
COP:		
NEW SYSTEM WITH LOOP ONLY? Y/N		
UNIT REPLACEMENT ONLY? Y/N		
CAPACITY (TONS):		
REBATE AMOUNT: *NEW SYSTEM: \$300 per ton *REPLACEMENT: \$150 per ton		
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: