

A Cooperative Effort for Energy Efficiency



DUAL FUEL & MINI-SPLIT HEAT PUMP REBATE APPLICATION

12105 E. Hwy. 86 • Neosho, MO 64850 • (417) 451-1515 • newmac.com

Member must: 1) Be in good standing with Cooperative; 2) Complete application in full: 3) Sign: 4) Submit with COPY of receipt within 90 days of purchase (Unit must use fossil fuel for back up)

Name:Co-op Account #:	
Address (where unit is installed):	
City:State:State:Phone:	
Mailing address (if different than installation address):	
City:State:Zip:Phone:	
E-Mail address:	
EXISTING HEATING & COOLING EQUIPMENT INFORMATION A. Information about your home: New House or Year Built Sizesq. ft. Number living in the home B. What type of <u>DWELLING STRUCTURE</u> is this heat pump installed at? (Check one:) Single family house House w/Farm Multi-unit dwelling Manufactured (single/double) Other C. Did this rebate influence your decision to buy the appliance? (Check one:) YES NO D. How did you hear about our rebates? (Check one:)	
Radio advertisement	
☐ Cooperative employee ☐ Contractor/builder ☐ Newspaper advertising ☐ Other	
E. If installed in an existing home, what type of <u>HEATING SYSTEM</u> did the home have previously? (Check one:) □ Gas-Forced air □ Dual-fuel heat pump, SEER	
☐ Ground source heat pump, EER ☐ Wood ☐ Other (specify)	
F. What type of COOLING SYSTEM will the heat pump replace? (Check one:)	
Central air conditioning, SEER Window air conditioners (how many), age	
□ Dual-fuel heat pump, SEER □ □ Ground source heat pump, EER □ None	
G. What type of BACK-UP (SUPPLEMENTAL) HEATING SYSTEM does your new heat pump use? (Check one:)	
□ Natural Gas □ Propane □ Fuel Oil (Wood burning systems and electric resistance units are not eligible for rebate.)	
I certify that the heat pump listed below is a qualifying ENERGY STAR® heat pump that will be installed at the address listed above. I agree to allow a representative of the Cooperative to verify the heat pump installation above address.	at the
Signature: Date:	
NEW HEAT PUMP EQUIPMENT INFORMATION	
Manufacturer: Model #: Rebate Amount:	
SEER/EER:COP:Capacity in tons:Installation Date:	
Reason for replacement:	
RETAILER-CONTRACTOR INFORMATION	
HVAC Contractor Name: Contact Person:	
Address:Phone:	
Signature: Date:	
FOR COOPERATIVE USE ONLY - COOPERATIVE CERTIFIES THE FOLLOWING:	
Date Received: Receipt on file:	
Approval Signature:	