

MINI-SPLIT 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:				

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"/>	

MINI-SPLIT 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.)

See back of form for terms and conditions.

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

Cooperative approval signature: