

GROUND SOURCE HEAT PUMP REBATE APPLICATION

Version 2.1 October 2010

SECTION A

Name: _____ Co-op Account # _____

Address where appliance will be **installed**: _____

City _____ State _____ ZIP _____ Phone _____

Mailing address (if different than the installation address): _____

City _____ State _____ ZIP _____ Phone _____

E-Mail address _____

SECTION B

EXISTING HEATING & COOLING EQUIPMENT INFORMATION:

A. Information about your home: Year Built ____ Size _____ sq. ft. No. of people living in the home _____

B. What type of **dwelling structure** 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 Television advertisement Cooperative Newsletter Cooperative Mailing

Cooperative Employee Contractor or Builder Newspaper advertisement Other _____

E. If installed in an existing home, what type of **heating system** did the home have previously? (check one)

Gas-Forced Air Electric-Forced Air Electric Baseboard Air Source Heat Pump, SEER¹ _____

Ground Source Heat Pump, EER² _____ Wood Other (specify) _____

F. What type of **cooling system** will the heat pump replace? (check one)

Central Air Conditioning, SEER¹ _____ Window Air Conditioners (how many? _____) Age _____

Air Source Heat Pump, SEER¹ _____ Ground Source Heat Pump, EER² _____ None

G. What type of **back-up (supplemental) heating system** does your new heat pump use? (check one)

Gas Propane Other

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 at the above address.

Signature: _____ Date: _____

1 Seasonal Energy Efficiency Ratio: A measure of energy efficiency for air-source heat pumps over the cooling season.
2 Energy Efficiency Ratio: A measure of efficiency for ground-source heat pumps in the cooling mode.

SECTION C

NEW HEAT PUMP EQUIPMENT INFORMATION:

Manufacturer _____ Model _____ EER _____ Capacity in Tons _____

Installation Date ____/____/____ System Type (check one): NEW system (including loop) Replacement of Pump Unit only

Reason for replacement: _____

If you had not installed a geothermal heat pump system what alternative heating & cooling system would you have installed?

Electric resistance _____ Gas _____ Fuel oil _____ Air-source heat pump _____

SECTION D

RETAILER-CONTRACTOR INFORMATION:

HVAC Contractor Name _____ Contact Person _____

Address _____ Phone _____

I certify that the equipment information is accurate, including claims of efficiency, size and HVAC system information. I recognize that the Cooperative may verify the information that I have provided.

Contractor's Signature: _____ Date: _____

GROUND SOURCE HEAT PUMP REBATE APPLICATION QUALIFICATIONS

ELIGIBLE CUSTOMERS

- Cooperative residential members are eligible for rebates when buying qualifying ground source (geothermal) heat pumps.
- The structure in which the member resides must be a permanent structure on a permanent foundation on land owned by the member.



ELIGIBLE HEAT PUMP EQUIPMENT

- Equipment must be ENERGY STAR® rated with at least an EER of 14 for program year 2010.
- New requirements! For program year 2011 the equipment must meet the [ENERGY STAR EER rating of 17.1](#)
- For cooperative systems north of the Missouri River, ground source heat pumps must be installed with a Delta-T of 80 supported by a Manual J “Residential Load Calculation” published by the Air Conditioning Contractors of America (ACCA). Please ask your HVAC contractor to verify that these requirements are met.
- For cooperative systems south of the Missouri River, ground source heat pumps must be installed with a Delta-T of 70 supported by a Manual J “Residential Load Calculation” published by the Air Conditioning Contractors of America (ACCA). Please ask your HVAC contractor to verify that these requirements are met.
- The Cooperative may inspect the home to determine if a minimum of R-38 insulation is present in the ceiling and R-13 in the walls.
- Heat pumps that receive rebates may be subject to Cooperative load control programs. The participant agrees to allow the Cooperative to control their heating and cooling equipment now or in the future.
- Cooperative does not rebate DX (direct expansion) ground-source heat pump installations.

EXISTING EQUIPMENT

- *Space Heating:* The heat pump may be used to replace existing heat pumps, electric resistance or fossil fuel equipment in the home.

REBATE DETAILS

- Please submit one rebate application per heat pump. Attached additional sheet for multiple units.
- A copy of the data sales receipt or invoice must be included with the rebate application.
- The application must include all the information requested on the front of this application.
- Recipients of rebates may be requested to participate in a future survey by phone or e-mail.
- **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE MEMBER**
- Please allow 6-8 weeks for rebate processing. Please keep a copy for your records.

DISCLAIMER

The Cooperative is not responsible if your HVAC contractor, retailer, builder or other party provides you with inaccurate information about the amount or conditions of the actual rebate. The Cooperative will not rebate equipment that has been mislabeled or misrepresented. The Cooperative reserves the right to inspect the heat pump and its installation at the address indicated on the front of this application. The Cooperative is not responsible for any lost, late, stolen, ineligible, illegible, misdirected or postage due mail. All completed applications will become the property of the Cooperative. Rebate qualifications and amounts are subject to change at the Cooperative’s discretion and the program may end at any time without notice.

SEND COMPLETED APPLICATIONS TO YOUR LOCAL ELECTRIC COOPERATIVE.

<i>FOR OFFICE USE ONLY – LOCAL COOPERATIVE CERTIFIES THE FOLLOWING:</i>	
Minimum R-38 ceiling insulation <input type="checkbox"/>	Minimum R-13 wall insulation <input type="checkbox"/>
Validation of unit efficiency: <input type="checkbox"/>	Validation of replacement reason: <input type="checkbox"/>
Date Received:	Account #:
Approval Signature:	