



AIR SOURCE HEAT PUMP REBATE APPLICATION

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

Version 4.2 JMay 4, 2016

Name: _____ Co-op Account #: _____
 Address (where unit is installed): _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Mailing address (if different than installation address): _____
 City: _____ State: _____ Zip: _____ Phone: _____
 E-Mail address: _____

SECTION A

EXISTING HEATING & COOLING EQUIPMENT INFORMATION

A. Information about your home: New House or Year Built _____ Size _____ sq. ft. Number 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/builder Newspaper advertising 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 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

SECTION B

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: _____

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: _____
 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.
 Signature: _____ Date: _____

SECTION C

FOR COOPERATIVE USE ONLY - COOPERATIVE CERTIFIES THE FOLLOWING:

Date Received: _____ Receipt on file:

SECTION D

Approval Signature: _____