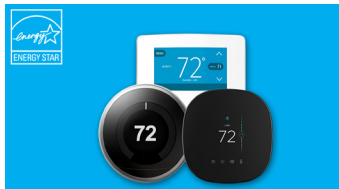


## ENERGY STAR® ADVANCED PROGRAMMABLE THERMOSTAT REBATE APPLICATION

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 5.0  
January 1, 2025



Get up to \$50 back 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:		
Installation Address:					
City:		State:	Zip:	Phone:	
Recipient address:					
City:		State:	Zip:	Install date:	
Email address:			See back of form for terms and conditions.		

### 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?		
Primary Home	New home	Yes		Yes				
Second home	Existing home	No		No				
Home type (check one):	Single family	Multi-family	Town home	Condo	Other			
Installation type:	New Home	Add-On to existing system	Replacement	Unsure				
If replacement installation:	Existing equipment broken	Existing equipment function	New home / add-on	Unsure				
Previous method to HEAT your home (check one):	Gas-forced air	Other	Propane-forced air	Electric Baseboard	Radiant floor	Air source heat pump	Ground source heat pump	Unsure
Existing method to COOL your home (check one):	Central air	Window air	None	Unsure	Air source heat pump	Ground source heat pump		
Type of BACK UP heating system used by the new system:	Natural gas	Propane	Fuel Oil	Electric furnace	Electric resistance strips	Other	Unsure	
How did you hear about our rebates?	Radio	TV	Newsletter	Mailing	Employee			
	Contractor	Builder	Newspaper	Website / Online Search	Friend / Neighbor	Other		

Member must complete this section.

Units	Install Date	Brand	Model	Energy Star (Y/N)	Tons Controlled	Total Cost	SEER2
Unit #1	/ /						
Unit #2	/ /						
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:

## ENERGY STAR<sup>®</sup> ADVANCED PROGRAMMABLE THERMOSTAT QUALIFICATIONS

### ELIGIBILITY CRITERIA

- Must be a member in good standing with the cooperative
- The thermostat must be ENERGY STAR<sup>®</sup> rated
- 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.
- Limit of up to two (2) per member address/location
- Rebates are available for existing and new homes
- The rebate amount is limited to 50 percent (50%) of the total cost of the unit

### DISCLAIMER

The cooperative is not responsible if your 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, misrepresented or previously owned. The cooperative reserves the right to inspect the equipment and its installation at the address indicated on the front of this application. The cooperative is not responsible for any lost, late, stolen, ineligible, 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



FOR OFFICE USE ONLY

Total Rebate Amount:

Rebate Date:

# Safety Award Rebate & Consumer Database Survey

**\*\* ALL INFORMATION MUST BE FILLED OUT IN ORDER TO RECEIVE THE REBATE\*\***

Account Number:

Map Location:

Substation:

Phone:

First Name:

Last Name:

Street or PO Box:

City:

State:

Zip:

## I. Your Rebate

1. What heating, cooling, or home appliance(s) did you install to qualify for rebate? (check all that apply)

- ☐ Electric Water Heater ☐ Air Source Heat Pump  
☐ Heat Pump Water Heater ☐ Programmable Thermostat  
☐ Geothermal (ground source) Heat Pump ☐ Window Air Conditioner

2. If this was installed as part of your new home construction, who was your builder/contractor?

## II. Electric Water Heater Installation

3. Water Heater Model Number:

4. Water Heater Rebate Amount:

5. Date Water Heater Installed:

6. Water Heater Manufacturer:

7. Water Heater Capacity (gallons):

8. This Water Heater is Replacing:

- ☐ None, New Construction/Installation ☐ Electric Water Heater  
☐ Propane Water Heater ☐ Other  
☐ Natural Gas Water Heater

## III. Heat Pump Water Heater Install

9. Heat Pump Water Heater Model Number:

10. Heat Pump Water Heater Rebate Amount:

11. Date Heat Pump Water Heater Installed:

12. Heat Pump Water Heater Manufacturer:

13. Heat Pump Water Heater Capacity (gallons):

14. Heat Pump Water Heater Energy Factor:

## IV. Heat Pump Installation

15. Heat Pump Model Number:

16. Heat Pump Rebate Amount:

17. Date Heat Pump Installed:

18. Heat Pump Manufacturer:

19. Tons:

20. SEER/EER:

21. Is Heat Pump Variable or 2 Speed? ☐ Yes ☐ No

22. Is there a water heater attached? ☐ Yes ☐ No

23. For Air Source Heat Pump, Please Select Type.

- ☐ Dual Fuel ☐ Geothermal ☐ Mini-Split

24. What type of back-up (supplemental) heating system do you have?

- ☐ Existing Gas Furnace ☐ New Gas Furnace ☐ Other: \_\_\_\_\_  
☐ Electric Strip Heat ☐ New Electric Furnace ☐ None  
☐ Existing Electric Furnace ☐ Wood

25. What type was your previous air conditioning system?

- ☐ Heat Pump ☐ Window Unit ☐ Central Air  
☐ None ☐ Other: \_\_\_\_\_

26. Who installed your heat pump:

27. This heat pump is replacing:

- ☐ None, New Construction ☐ Electric Resistance Heat  
☐ Air Source Heat Pump ☐ Natural Gas Furnace  
☐ Ground Source Heat Pump ☐ Propane Gas Furnace  
☐ Electric Baseboard/Ceiling Cable ☐ Wood  
☐ Other

Continue on reverse side

Account Number:  
(\*Page Link, must match Page 1)

**V. Programmable Thermostat**

29. Thermostat Model Number:

30. Thermostat Rebate Amount:

31. Date Thermostat Installed:

32. Thermostat Manufacturer:

33. Cooling Tons Controlled:

34. SEER of Unit:

**VI. Energy Star® Appliance Installation**

35. Window Unit Model Number:

36. Window Unit Rebate Amount:

37. Date Window Unit Installed:

38. Window Unit Manufacturer:

**VII. Purchasing Decisions**

39. When you made the decision to purchase this unit, what were the most important factors influencing your purchase? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Availability of rebate             | <input type="checkbox"/> Special Co-op Financing         |
| <input type="checkbox"/> Safety                             | <input type="checkbox"/> Dissatisfaction With Other Fuel |
| <input type="checkbox"/> Cleanliness (no vents/exhaust)     | <input type="checkbox"/> Warranty/Service Contract       |
| <input type="checkbox"/> Dissatisfaction With Previous Unit | <input type="checkbox"/> Other                           |

40. How long did you research or browse before deciding to buy?

- |   |   |
|---|---|
| <input type="checkbox"/> Less Than 2 Days | <input type="checkbox"/> 1 Month-6 Months   |
| <input type="checkbox"/> 2 Days-1 Week    | <input type="checkbox"/> More Than 6 Months |
| <input type="checkbox"/> 1 Week-1 Month   | <input type="checkbox"/> I didn't Decide    |

41. Who Made the decision to buy this unit?

- ☐ Home Owner ☐ Contractor ☐ Builder ☐ Other

42. How did you first learn about the rebate? (pick one)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Newspaper              | <input type="checkbox"/> Brochure/Direct Mail | <input type="checkbox"/> Friend/Relative      |
| <input type="checkbox"/> Radio                  | <input type="checkbox"/> Appliance Dealer     | <input type="checkbox"/> Cooperative Website  |
| <input type="checkbox"/> TV                     | <input type="checkbox"/> Builder/Contractor   | <input type="checkbox"/> Manufacturer Website |
| <input type="checkbox"/> Cooperative Newsletter | <input type="checkbox"/> Co-op Employee       | <input type="checkbox"/> Other                |

43. When making this purchase decision, what were your most important sources of product information? (check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Newspaper              | <input type="checkbox"/> Brochure/Direct Mail | <input type="checkbox"/> Friend/Relative      |
| <input type="checkbox"/> Radio                  | <input type="checkbox"/> Appliance Dealer     | <input type="checkbox"/> Cooperative Website  |
| <input type="checkbox"/> TV                     | <input type="checkbox"/> Builder/Contractor   | <input type="checkbox"/> Manufacturer Website |
| <input type="checkbox"/> Cooperative Newsletter | <input type="checkbox"/> Co-op Employee       | <input type="checkbox"/> Other                |

**VIII. Your Heating & Cooling Systems**

44. What fuel does your water heater use?

- ☐ Electricity ☐ Natural Gas ☐ Propane ☐ Other

45. Approximately what year was your water heater installed?

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> 1980 or Before | <input type="checkbox"/> 1990-1999 | <input type="checkbox"/> After 2009      |
| <input type="checkbox"/> 1981-1989      | <input type="checkbox"/> 2000-2009 | <input type="checkbox"/> New With Rebate |

46. What is your homes main source of heat?

- |                                      |                                  |   |
|--------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Propane | <input type="checkbox"/> Evaporate Cooler |
| <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Wood    | <input type="checkbox"/> None             |

46. What is your homes main source of heat?

- |                                      |                                  |   |
|--------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Propane | <input type="checkbox"/> Evaporate Cooler |
| <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Wood    | <input type="checkbox"/> None             |

47. Approximately when was your heating system installed?

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> 1980 or Before | <input type="checkbox"/> 1990-1999 | <input type="checkbox"/> After 2009      |
| <input type="checkbox"/> 1981-1989      | <input type="checkbox"/> 2000-2009 | <input type="checkbox"/> New With Rebate |

48. What type of air conditioning system do you have?

- |   |   |
|---|---|
| <input type="checkbox"/> Geothermal Heat Pump | <input type="checkbox"/> Air Source Heat Pump |
| <input type="checkbox"/> Window Unit          | <input type="checkbox"/> Evaporative Cooler   |
| <input type="checkbox"/> Central Air          | <input type="checkbox"/> None                 |

**IX. Your Home**

49. Do you own or rent your home?

- ☐ Rent ☐ Own

50. How many square feet of living space do you have?

- |  |  |
|--|--|
| <input type="checkbox"/> Less than 1,000 | <input type="checkbox"/> 2,000-2,499   |
| <input type="checkbox"/> 1,000-1,499     | <input type="checkbox"/> 2,500-2,999   |
| <input type="checkbox"/> 1,500-1,999     | <input type="checkbox"/> 3,000 or More |

51. Approximately when was your home built?

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Before 1980 | <input type="checkbox"/> 2000-2009        |
| <input type="checkbox"/> 1980-1989   | <input type="checkbox"/> After 2009       |
| <input type="checkbox"/> 1990-1999   | <input type="checkbox"/> New Construction |

52. Which best describes your account?

- |  |   |
|--|---|
| <input type="checkbox"/> Single Family Residence | <input type="checkbox"/> Vacation/Seasonal Home |
| <input type="checkbox"/> Mobile/Modular Home     | <input type="checkbox"/> Farm                   |
| <input type="checkbox"/> Apartment/Condo/Duplex  | <input type="checkbox"/> Non-Residence          |

53. Which of the following do you use in your home? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Satellite Dish    | <input type="checkbox"/> Life Support                 |
| <input type="checkbox"/> Security Light    | <input type="checkbox"/> 1 Personal Computer          |
| <input type="checkbox"/> Security System   | <input type="checkbox"/> 2 or More Personal Computers |
| <input type="checkbox"/> Standby Generator | <input type="checkbox"/> Surge Protection             |
| <input type="checkbox"/> Generlink         |   |

54. What type of internet access do you have, if any?

- |  |  |                                |
|--|--|--------------------------------|
| <input type="checkbox"/> None            | <input type="checkbox"/> Satellite           | <input type="checkbox"/> Other |
| <input type="checkbox"/> Dial-Up         | <input type="checkbox"/> Land-Based Wireless |                                |
| <input type="checkbox"/> Cable Broadband | <input type="checkbox"/> DSL/T-1             |                                |

55. E-Mail Address

**IX. Other Information**

56. Age of the primary account holder:

- |                                   |                                |                                |                                |                                |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Under 25 | <input type="checkbox"/> 25-34 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 65-74    | <input type="checkbox"/> 75+   |                                |                                |                                |

57. How many people live in your home?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+

58. What is the occupation of the primary account holder?

- |   |  |
|---|--|
| <input type="checkbox"/> White Collar       | <input type="checkbox"/> Professional        |
| <input type="checkbox"/> Blue Collar        | <input type="checkbox"/> Retired             |
| <input type="checkbox"/> Farmer/Agriculture | <input type="checkbox"/> Unemployed/Disabled |

59. What is the highest education level of the primary account holder?

- |  |  |
|--|--|
| <input type="checkbox"/> Less than High School Diploma | <input type="checkbox"/> Some College                    |
| <input type="checkbox"/> High School Graduate/GED      | <input type="checkbox"/> College Graduate                |
| <input type="checkbox"/> Vocational/Trade Training     | <input type="checkbox"/> Graduate or Professional School |