

## AIR SOURCE HEAT PUMP 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

March 1, 2024

Version 4.1



**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:	
Installation Address:				
City:	State:	Zip:	Phone:	
Receipt address:				
City:	State:	Zip:	Install date:	
Email address:			<b>See back of form for terms and conditions.</b>	

### 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	
Vacation home	Existing home	No	No	

<b>Home type (check one):</b>	Single family	Multi-family	Town home	Condo	Other
<b>Existing method to HEAT your home (check one):</b>	Gas-forced air	Electric-forced air	Electric baseboard	Air source heat pump	Ground source heat pump
<b>Existing method to COOL your home (check one):</b>	Central air	Window air	None	Air source heat pump	Ground source heat pump
<b>Type of BACK UP heating system used by the new system:</b>	Natural gas	Propane	Fuel oil	Electric furnace	
<b>Please estimate the age of the equipment that was replaced:</b>	1-5 years	6-10 years	11-15 years	>15 years	New installation
<b>How did you hear about our rebates?</b>	Radio	TV	Newsletter	Mailing	Employee
	Contractor	Builder	Newspaper	Other	

Member must complete this section.

Units	Install Date	Brand	Model	Serial Number	AHRI Number	Capacity (Tons)	SEER	HSPF
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:

## AIR SOURCE HEAT PUMP REBATE QUALIFICATIONS

### ELIGIBLE MEMBERS

- Residential members in good standing with the cooperative are eligible for rebates.
- The structure in which the member resides must be a permanent structure on a permanent foundation on the land owned by the member.
- Rebates are limited to eligible services (homes, lake homes, shops, barns, etc) that purchase more than 6,000 kilowatt-hours of electricity from the cooperative on an annual basis.

### ELIGIBLE HEAT PUMP EQUIPMENT

- Equipment must be installed by a certified dealer and meet the ENERGY STAR +2 minimum rating of 17.2 SEER2.
- 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.
- Rebates are limited to a maximum of 50 tons commercial and 10 tons residential per facility.
- **Space Heating:** The heat pump may be used to replace existing heat pumps, electric resistance or fossil fuel equipment in the home.

### REBATE DETAILS

- Attach additional sheets for multiple units.
- 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 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**



**Safety Award Rebate & Consumer Database Survey**  
**FOR OFFICE USE ONLY**

Total Rebate Amount

Rebate Date

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

Account Number   
 Substation   
 First Name   
 Street or PO Box   
 State

Map Location   
 Phone   
 Last Name   
 City   
 Zip

**I. Your Rebate -----**

1. What heating, cooling, or home appliance(s) did you install to qualify for rebate? (all that apply)
- |                                                               |                                                  |
|---------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Electric water heater                | <input type="checkbox"/> Air source heat pump    |
| <input type="checkbox"/> Heat pump water heater               | <input type="checkbox"/> Programmable thermostat |
| <input type="checkbox"/> Geothermal (ground source) heat pump | <input type="checkbox"/> 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:
- |                                                              |                                                   |
|--------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> None, new construction/installation | <input type="checkbox"/> Natural gas water heater |
| <input type="checkbox"/> Propane water heater                | <input type="checkbox"/> Electric water heater    |
|                                                              | <input type="checkbox"/> Other                    |

**III. Heat Pump Water Heater Installation -----**

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  New electric furnace  
 Electric strip heat  Wood  Other  
 Existing electric furnace  None  
 25. What type was your previous air conditioning system?  
 Heat pump  Window unit  Other  
 Central air  Central air  None

26. Who installed your heat pump?

27. This heat pump is replacing:
- |                                                              |                                                   |
|--------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> None, new construction/installation | <input type="checkbox"/> Electric resistance heat |
| <input type="checkbox"/> Air source heat pump                | <input type="checkbox"/> Natural gas furnace      |
| <input type="checkbox"/> Ground source heat pump             | <input type="checkbox"/> Propane gas furnace      |
| <input type="checkbox"/> Electric baseboard/ceiling cable    | <input type="checkbox"/> Wood                     |
|                                                              | <input type="checkbox"/> Other                    |

**Continue on reverse----->**

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? (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 week - 1 month   | <input type="checkbox"/> More than 6 months |
| <input type="checkbox"/> 2 days - 1 week  | <input type="checkbox"/> 1 month - 6 months | <input type="checkbox"/> I didn't decide    |

41. Who made the decision to buy this unit?

- Home owner     Builder     Contractor     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? (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?  
 1980 or before     1990-1999     After 2009  
 1981 - 1989     2000- 2009     New with rebate
46. What is your home's main source of heat?  
 Electricity     Propane     Other  
 Natural gas     Wood
47. Approximately when was your heating system installed?  
 1980 or before     1990-1999     After 2009  
 1981 - 1989     2000- 2009     New with rebate
48. What type of air conditioning system do you have?  
 Geothermal heat pump     Central Air     Evaporative cooler  
 Window unit     Air source heat pump     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?  
 Less than 1,000     1,500 - 1,999     2,500 - 2,999  
 1,000 - 1,499     2,000 - 2,499     3,000 or more
51. Approximately when was your home built?  
 Before 1980     1990 - 1999     After 2009  
 1980 - 1989     2000 - 2009     New construction
52. Which best describes your account?  
 Single family residence     Vacation/seasonal home  
 Mobile/modular home     Farm  
 Apartment/condo/duplex     Non-residence
53. Which of the following do you use in your home? (all that apply)  
 Satellite dish     Standby generator     1 personal computer  
 Security light     Generlink     2 or more computers  
 Security system     Life support     Surge protection
54. What type of Internet access do you have, if any?  
 None     Satellite  
 Dial-up     Land-based wireless  
 Cable broadband     Other  
 DSL/T-1

55. E-mail address:

**X. Other Information** -----

56. Age of the primary account holder:  
 Under 25     35 - 44     55 - 64     75+  
 25-34     45-54     65-74
57. How many people live in your home?  
 1     2     3     4     5     6+
58. What is the occupation of the primary account holder?  
 White collar     Farmer/agriculture     Retired  
 Blue collar     Professional     Unemployed/disabled
59. What is the highest education level of the primary account holder?  
 Less than high school diploma     Some college  
 High school graduate/GED     College graduate  
 Vocational/Trade training     Graduate or professional school