

## ELECTRIC VEHICLE CHARGING STATION 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 2.1 March 1, 2024



**Get a rebate for your EV charging station 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:	Is this your first EV purchase?	Did rebate influence your purchase decision?	Approximately how many miles per day will you drive this EV?
<input type="checkbox"/> RESIDENCE	<input type="checkbox"/> YES	<input type="checkbox"/> YES	
<input type="checkbox"/> BUSINESS	<input type="checkbox"/> NO	<input type="checkbox"/> NO	

<b>Member type:</b>	Single family <input type="checkbox"/>	Multi-family <input type="checkbox"/>	Business <input type="checkbox"/>	Agricultural <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Existing vehicle information:</b>	Make:	Model:	Year:	Gas mileage:	Keeping this vehicle? (circle): Y / N
<b>Reason for EV purchase:</b>	Save money <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Style <input type="checkbox"/>	Technology <input type="checkbox"/>	Other <input type="checkbox"/>
<b>How did you hear about our rebates?</b>	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"/>	

CHARGING STATION INFORMATION	Install Date	Brand	Model Number	Serial Number	Level	Purchase Price
Unit #1	/ /					
Unit #2	/ /					

**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:

## **ELECTRIC VEHICLE CHARGING STATION REBATE QUALIFICATIONS**

### **ELIGIBLE MEMBERS**

- Residential and commercial members in good standing with the cooperative are eligible for rebates when buying qualifying electric vehicle Level 2 charging stations.
- 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, commercial buildings, etc) that purchase more than 6,000 kilowatt-hours of electricity from the cooperative on an annual basis.

### **ELIGIBLE ELECTRIC VEHICLE LEVEL 2 CHARGING STATIONS**

- Equipment must be new and UL listed.
- The cooperative reserves the right to complete an on-site inspection of the charger after installation.
- Electric vehicle charging stations that receive rebates **may be subject to cooperative load control programs.** The participant agrees to allow the cooperative to control the timing of their charging equipment now or in the future.
- Owner must provide proof of purchase within 90 days and submit with this form.
- The rebate amount is limited to 50% of the total cost of the charger with a maximum rebate of \$250.

### **REBATE DETAILS**

- Limit of two rebates per member location.
- Attach additional applications for more 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)

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       Natural gas water heater

Propane water heater       Electric water heater

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:

None, new construction/installation       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----->**

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?

- |   |                                     |  |
|---|-------------------------------------|--|
| <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 home's main source of heat?

- |                                      |                                  |                                |
|--------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Propane | <input type="checkbox"/> Other |
| <input type="checkbox"/> Natural gas | <input type="checkbox"/> Wood    |                                |

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"/> Central Air          | <input type="checkbox"/> Evaporative cooler |
| <input type="checkbox"/> Window unit          | <input type="checkbox"/> Air source heat pump | <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"/> 1,500 - 1,999 | <input type="checkbox"/> 2,500 - 2,999 |
| <input type="checkbox"/> 1,000 - 1,499   | <input type="checkbox"/> 2,000 - 2,499 | <input type="checkbox"/> 3,000 or more |

51. Approximately when was your home built?

- |                                      |                                      |   |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Before 1980 | <input type="checkbox"/> 1990 - 1999 | <input type="checkbox"/> After 2009       |
| <input type="checkbox"/> 1980 - 1989 | <input type="checkbox"/> 2000 - 2009 | <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? (all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Satellite dish  | <input type="checkbox"/> Standby generator | <input type="checkbox"/> 1 personal computer |
| <input type="checkbox"/> Security light  | <input type="checkbox"/> Generlink         | <input type="checkbox"/> 2 or more computers |
| <input type="checkbox"/> Security system | <input type="checkbox"/> Life support      | <input type="checkbox"/> Surge protection    |

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

- |  |  |
|--|--|
| <input type="checkbox"/> None            | <input type="checkbox"/> Satellite           |
| <input type="checkbox"/> Dial-up         | <input type="checkbox"/> Land-based wireless |
| <input type="checkbox"/> Cable broadband | <input type="checkbox"/> Other               |
| <input type="checkbox"/> DSL/T-1         |  |

55. E-mail address:

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

56. Age of the primary account holder:

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

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> White collar | <input type="checkbox"/> Farmer/agriculture | <input type="checkbox"/> Retired             |
| <input type="checkbox"/> Blue collar  | <input type="checkbox"/> Professional       | <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 |