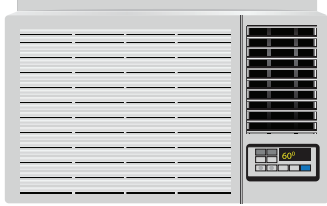


## ENERGY STAR<sup>®</sup> WINDOW AIR CONDITIONING REBATE APPLICATION

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 2.0 March 11, 2109



**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:	
Address (where unit is installed):				
City:	State:	Zip:	Phone:	
Mailing address (if different than installed address):				
City:	State:	Zip:	Install date:	
Email address:				

RESIDENTIAL INFORMATION				
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>Primary method to HEAT your home (check one):</b>	Electric	Propane	Natural gas	Oil	Other
<b>Primary method to COOL your home (check one):</b>	Central air	Air source heat pump	Ground source heat pump	Window unit	None
<b>How did you hear about our rebates? (check one)</b>	Radio	TV	Newsletter	Mailing	Employee
	Contractor	Builder	Newspaper	Other	

APPLIANCE INFORMATION	Member must complete the sections below.	
	OLD UNIT	NEW UNIT
MANUFACTURER:		
MODEL:		
SIZE (BTU PER HOUR):		
EER:		

### IMPORTANT TERMS AND CONDITIONS:

- Please allow 6-8 weeks for processing. Limit one rebate per address. Please keep a copy for your records.
- The appliance must be installed where electricity is supplied by the cooperative.
- 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.
- You must include a copy of the original dated sales receipt with this application.
- Include your account number and sign the form
- Please complete a separate application for each installation site
- Incomplete applications will not be processed for rebates
- Recipients of rebates may be requested to participate in a future survey by e-mail or by phone.
- Submit completed application and sales receipt within 90 days of purchase to your local electric cooperative.
- Additional eligibility requirements are on the back of this application

**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> WINDOW AIR CONDITIONING REBATE QUALIFICATIONS**

### **ELIGIBILITY CRITERIA**

- Must be a member in good standing with the cooperative
- Cooperative must verify an ENERGY STAR<sup>®</sup> rated room air conditioning unit is purchased
- Limit of one (1) rebate per member address/location
- The rebate will apply for the purchase of one new ENERGY STAR<sup>®</sup> rated unit or for the replacement of an existing unit
- 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**



**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 |