



DUAL FUEL HEAT PUMP REBATE QUALIFICATIONS

ELIGIBLE APPLICANTS

- (1) Cuivre River Electric Cooperative members are eligible for Dual Fuel Heat Pump rebates when purchasing qualifying new Air Source Heat Pumps (ASHPs) with supplemental gas or propane heat, **\$150/ton**.
- (2) The structure in which the member resides, and in which the Dual Fuel ASHP is installed, must be a permanent structure on a permanent foundation on land owned by the member.

ELIGIBLE DUAL FUEL ASHP EQUIPMENT

- (1) Dual Fuel ASHP equipment must be **ENERGY STAR® rated with a minimum SEER of 14.5**.
- (2) Dual Fuel ASHPs paired with supplemental gas or propane heat should have a cut-in point of 25° F or lower, unless this temperature threshold is in conflict with the equipment manufacturer's guidelines.
- (3) Equipment installations which receive rebates may be subject to Cooperative load control programs. The applicant agrees to allow the Cooperative to control the heating and cooling equipment now or in the future.

EXISTING EQUIPMENT (when applicable)

Space Heating: Dual Fuel ASHPs may replace existing air source heat pumps, electric resistance, natural gas or propane space heating equipment.

Air Conditioning: Dual Fuel ASHPs must replace either a Central A/C system or a minimum of two window A/C units.

REBATE DETAILS

- Rebates will be issued in the form of checks, not energy bill credits. Rebates may be payable to either the applicant or the contractor, as designated on the application.
- Rebates are valid only for residential equipment installed after July 1, 2008, non-residential equipment installed after Sept. 1, 2008, and through the term of the program.
- The application must include all the information requested; one application per Dual Fuel ASHP.
- A copy of the dated sales receipt or invoice must be submitted with the rebate application.
- Incomplete applications will not be processed and will be returned to the member.
- Recipients of rebates may be requested to participate in a future survey by phone or email.
- Allow 6 — 8 weeks for rebate processing. Keep a copy of the application and receipts for your records.

DISCLAIMER

- The Cooperative is not responsible for information provided by HVAC contractors, retailers, builders or other parties regarding the amount or conditions of the actual rebate.
- The Cooperative will not rebate equipment that has been mislabeled or misrepresented.
- The Cooperative provides no warranty for equipment operation or performance.
- The Cooperative reserves the right to inspect the equipment installation at the address indicated on the front of this application.
- Completed applications become the property of the Cooperative. The Cooperative is not responsible for any lost, late, stolen, ineligible, illegible, misdirected or postage due mail.
- 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:

"REBATES," Cuivre River Electric Cooperative, P. O. Box 160, Troy, MO 63379.

For information call: 800.392.3709, 636.695.4700, 636.528.8261, ext. 272, 233, 334, 4732, 4733 or 231.

FOR OFFICE USE ONLY — COOPERATIVE CERTIFIES THE FOLLOWING:

Validate unit efficiency Member #: _____ Date received: _____
Approval Signature: _____ Date Inspected: _____

DUAL FUEL AIR SOURCE HEAT PUMP REBATE APPLICATION

Jan. 8, 2009

SECTION A

Name: _____ Member #: _____

Address where Dual Fuel Air Source Heat Pump will be installed: _____

City _____ State _____ Zip _____ Phone _____ Email address _____

Mailing Address (if different from above): _____

City _____ State _____ Zip _____ Phone _____ Email address _____

EXISTING EQUIPMENT INFORMATION:

A. Information about home/facility: Age _____ (years) Size _____ (sq. ft.) No. of residents: _____

B. Type of dwelling: (check one) Single family house House with farm Multi-unit dwelling
 Manufactured home (single/double) Other: _____

C. Did the rebate influence your decision to buy this heat pump system? (check one) Yes No

D. How did you learn about the rebate? (check one)
 Radio ad TV ad Newspaper ad Cooperative newsletter Cooperative mailing
 Cooperative Employee Contractor or Builder 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 _____
 Air Source Heat Pump SEER _____ Wood Other: _____

F. What type of **cooling system** did the Dual Fuel Air Source Heat Pump replace? (check one)
 Central A/C, SEER _____ Window A/Cs (how many? ____), SEER(s) _____ None
 Dual Fuel Air Source Heat Pump, SEER _____ Air Source Heat Pump, SEER _____

G. What type of **back-up (supplemental) heating system** does your new system use? (check one)
 None Existing Gas Furnace New Gas Furnace Existing Electric Furnace New Electric Furnace

I certify that the heat pump listed below is a qualifying ENERGY STAR® heat pump that will be installed at the address above. I agree to allow a representative of the Cooperative to verify the installation at the above address.

Send the rebate to me. Send the rebate to my contractor (see below).

Applicant Signature

Date

NEW DUAL FUEL AIR SOURCE HEAT PUMP EQUIPMENT INFORMATION:

Manufacturer _____ Model _____ EER/SEER _____ Capacity (Tons) _____ Installation Date _____

System Type (check one): NEW system Replacement System

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.

Contractor Signature

Date

SECTION B

SECTION C

SECTION D

Mail applications & sales receipts to: "REBATES," Cuivre River Electric Cooperative, P. O. Box 160, Troy, MO 63379. **For more information call:** 800.392.3709, ext. 272, 233, 334, 4732, 4733 or 231.

All personal information will be kept confidential by Cuivre River Electric Cooperative, Associated Electric Cooperative and agents acting on their behalf in the administration of this program.

For Office Use Only

Date Received: _____ Acct. No: _____ Approval _____