



GROUND SOURCE HEAT PUMP REBATE APPLICATION

Version 2.0 Feb 5, 2009

SECTION A

Name: \_\_\_\_\_ Co-op Account # \_\_\_\_\_

Address where appliance will be **installed**: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

**Mailing** address (if different than the installation address): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail address \_\_\_\_\_

**EXISTING HEATING & COOLING EQUIPMENT INFORMATION:**

- A. Information about your home: Year built \_\_\_\_\_ Size \_\_\_\_\_ sq. ft. No. of people living in the home \_\_\_\_\_
- B. What type of **dwelling structure** is this heat pump installed at? (check one)
- Single family house  House w/ Farm  Multi-unit dwelling  Manufactured (single/double)  Other
- C. Did this rebate influence your decision to buy the appliance? (check one) Yes \_\_\_\_\_ No \_\_\_\_\_
- D. How did you hear about our rebates? (check one)
- Radio advertisement  Television advertisement  Cooperative Newsletter  Cooperative Mailing  
 Cooperative Employee  Contractor or Builder  Newspaper advertisement  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 \_\_\_\_\_  
 Ground Source Heat Pump, EER \_\_\_\_\_  Wood  Other (specify) \_\_\_\_\_
- F. What type of **cooling system** will the heat pump replace? (check one)
- Central Air Conditioning, SEER \_\_\_\_\_  Window Air Conditioners (how many? \_\_\_\_\_), Age \_\_\_\_\_  
 Dual Fuel Heat Pump, SEER \_\_\_\_\_  Ground Source Heat Pump, EER \_\_\_\_\_  None
- G. What type of **back-up (supplemental) heating system** does your new heat pump use? (check one)
- None  Natural Gas  Propane  Electric  Other

SECTION B

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NEW HEAT PUMP EQUIPMENT INFORMATION:**

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

EER \_\_\_\_\_ Capacity in Tons \_\_\_\_\_ Installation Date \_\_\_\_\_

System Type (check one):  NEW system (including loop)  Replacement of Pump Unit only

Reason for replacement: \_\_\_\_\_

SECTION C

**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's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION D

# GROUND SOURCE HEAT PUMP REBATE APPLICATION QUALIFICATIONS

## ELIGIBLE CUSTOMERS

- Cooperative residential members are eligible for rebates when buying qualifying ground source (geothermal) heat pumps.
- The structure in which the member resides must be a permanent structure on a permanent foundation on land owned by the member.



## ELIGIBLE HEAT PUMP EQUIPMENT

- Equipment must be ENERGY STAR® rated with at least an EER of 14.
- For cooperative systems north of the Missouri River, ground source heat pumps must be installed with a Delta-T of 80 supported by a Manual J “Residential Load Calculation” published by the Air Conditioning Contractors of America (ACCA). Please ask your HVAC contractor to verify that these requirements are met.
- For cooperative systems south of the Missouri River, ground source heat pumps must be installed with a Delta-T of 70 supported by a Manual J “Residential Load Calculation” published by the Air Conditioning Contractors of America (ACCA). Please ask your HVAC contractor to verify that these requirements are met.
- The Cooperative may inspect the home to determine if a minimum of R-38 insulation is present in the ceiling and R-13 in the walls.
- 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.

## EXISTING EQUIPMENT

- *Space Heating:* The heat pump may be used to replace existing heat pumps, electric resistance or fossil fuel equipment in the home.

## REBATE DETAILS

- Please submit one rebate application per heat pump. Attached additional sheet for multiple units.
- A copy of the data sales receipt or invoice must be included with the rebate application.
- 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 HVAC 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 or misrepresented. The Cooperative reserves the right to inspect the heat pump and its installation at the address indicated on the front of this application. The Cooperative is not responsible for any lost, late, stolen, ineligible, illegible, 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 WITHIN 30 DAYS OF INSTALLATION TO :

Member Services Department   Farmers’ Electric Cooperative   P.O. Box 680   Chillicothe, MO 64601

| <b><i>FOR OFFICE USE ONLY – LOCAL COOPERATIVE CERTIFIES THE FOLLOWING:</i></b> |  |
|--|--|
| Minimum R-38 ceiling insulation <input type="checkbox"/>                       | Minimum R-13 wall insulation <input type="checkbox"/>      |
| Validation of unit efficiency: <input type="checkbox"/>                        | Validation of replacement reason: <input type="checkbox"/> |
| Date Received:   | Account #:   |
| Approval Signature:  |  |