

GROUND SOURCE HEAT PUMP REBATE APPLICATION

Version 1.0 Jan 8, 2009

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 _____

SECTION A

EXISTING HEATING & COOLING EQUIPMENT INFORMATION:

- A. Information about your home: Age ____ yrs. 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 _____, HSPF _____ 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? _____), SEER _____
 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 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 listed above. I agree to allow a representative of the Cooperative to verify the heat pump installation at the above address.

Signature: _____ Date: _____

SECTION B

NEW HEAT PUMP INFORMATION: **A copy of original invoice must be dated & submitted with application within 90 days of installation.**

Manufacturer _____ Model _____
EER (14 or higher) _____ **COP** _____ **Capacity in tons** _____ (if 10 or more tons, must be **pre-approved**)
 Installation Date _____ System Type (check one): NEW system (including loop) Replacement of Indoor 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

Read carefully.....

GROUND SOURCE HEAT PUMP REBATE APPLICATION QUALIFICATIONS



ELIGIBLE CUSTOMERS

- Cooperative residential members are eligible for rebates when buying qualifying, air source or 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 (if 10 or more tons, must be pre-approved)

- Equipment must be ENERGY STAR® rated with at least an EER of 14 and a COP of 3.3.
- 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-45 insulation is present in the ceiling and R-13 in the walls.

EXISTING EQUIPMENT

- *Space Heating:* The heat pump may be used to replace existing electric resistance, natural gas or propane space heating equipment in the home.
- *Air Conditioning:* The heat pump must replace either a central air conditioning system or a minimum of two window air conditioning units.
- If replacing the inside unit of existing ground-source heat pump (retro-fit), must increase EER by 3.

REBATE DETAILS

- The Cooperative issues cash rebates in the form of checks, not energy bill credits.
- Please submit one rebate application per heat pump.
- 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 at least 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 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 APPLICATION & COPY OF INVOICE TO “OZARK ELECTRIC COOPERATIVE REBATE PROGRAM” (see address in upper right corner of application form).

01-01-2010

FOR OFFICE USE ONLY – LOCAL COOPERATIVE CERTIFIES THE FOLLOWING:

Minimum R-45 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:	