

HEAT PUMP REBATE APPLICATION

Please verify that the following requirements have been met before submitting this form.

Rebate Requirements:

1. Applicant must be a member of Noble REMC.
2. Qualified equipment must be installed and operable in applicant’s single family, owner-occupied residence located on Noble REMC lines.
3. Noble REMC rebates are not combined with any rebate programs from our wholesale power provider, Wabash Valley Power Alliance.
4. Member is eligible for one rebate up to a 10-ton maximum.
5. All applicable fields must be completed on the form to receive a rebate, including installation address.
6. **A copy of the invoice(s) for the new equipment must be stapled to the back of this form.** Invoice must be marked “paid” or show a zero balance. Invoice must show the manufacturer or model number of the unit(s) installed. If you are installing your own unit, you must provide a copy of the receipt for the purchase of the equipment showing the manufacturer and model number of the unit installed. If the manufacturer and model number are not located on the invoice or receipt, provide separate documentation that shows the manufacturer and model number of the unit installed.
7. **A copy of the Air Conditioning, Heating and Refrigeration Institute (AHRI) certificate and a copy of the heat loss/heat gain calculation must accompany the application.** Both should be obtained from the installing contractor.
8. The rebate form and invoices must be postmarked within 30 days, or within a time frame permitted by the energy advisor, of the product purchase installation. Rebate is for equipment purchase only and does not include labor costs.
9. Please allow 6-8 weeks to receive your rebate. Incomplete rebate forms will not be processed. The rebate will be in the form of a check.
10. Noble REMC reserves the right to change or terminate this program at any time without notice.
11. Completed and signed rebate forms with a copy of the paid invoice for equipment and proof of installation can be mailed or dropped off at the Noble REMC office.

ATTN: Brian Hawk, Energy Advisor

Noble REMC
P.O. Box 137
Albion, IN 46701

MEMBER INFORMATION

Allow 6-8 weeks for the processing of this rebate application.

First Name	Last Name		
Mailing Address	City	State	ZIP
Daytime Phone	Email (optional)		
Address of Installation	City	State	ZIP
Noble REMC account number			

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EQUIPMENT INFORMATION

Name of new equipment installer		City	State	ZIP	
Name of business from which new equipment was purchased		City	State	ZIP	
Installed New Equipment	Rebate	Brand and Model Number	Serial Number	Efficiency Rating	Date Installed
Air Source Heat Pump (At least 9 HSPF, 16 SEER) \$150/ton	Tons: _____ \$_____	Indoor:	Indoor:	HSPF: _____ SEER: _____	
		Outdoor:	Outdoor:	AHRI Cert # _____ Recommended size _____	

NOTE: Attach copy of AHRI certificate, heat loss/heat gain calculation showing size recommendation and copy of paid invoice to this application.

Age of home:	Square footage of home:	Number of people living in this home:				
		Not at all		Very much		
Did this rebate influence your decision to buy this new HVAC equipment?		1	2	3	4	5
Replaced Existing Equipment	Brand and Model Number (if known)	Serial Number (if known)	Efficiency Rating and Size (estimate if not known)		Year Installed (estimate if not known)	
Electric furnace						
Electric baseboard						
Electric ceiling cable						
Air source heat pump						
Fossil fuel						
I certify that I have purchased equipment meeting the minimum efficiency indicated on this form and that the unit was installed at my primary residence, the address indicated on this form. I agree to allow access at the address listed on this form so that equipment efficiency and installation may be verified. I have read and understand the rebate requirements, eligibility and conditions associated with this program. I understand that personal information provided will be treated as confidential to the maximum extent possible. Wabash Valley Power and Noble REMC are not warranting any equipment or its performance, nor will either be liable for any personal injury or property damage caused by equipment. I certify that the information contained herein is accurate and complete.						
Customer Signature		Customer Printed Name			Date	