

2019 Insulation & Roof Rebates

APPLICATION FORM



All rebate applications are due by January 15th the year after equipment purchase and installation.

1 EPE CUSTOMER INFORMATION

In order to be eligible for rebates, rebate forms may be completed online or mailed along with a copy of receipt or contractor invoice to the address below.

Rebate processing takes approximately 4-6 weeks. Terms and conditions subject to change without notice.

EPESaver Rebate Center
1515 S Capital of Texas Hwy,
Suite 110
Austin, TX 78746
www.epesaver.com

* Rebate check will be made out to landlord if entered

** Rebate check will be mailed to the account address unless a different mailing address is provided

EPE Account Number for Install Location: (10 digits)

Customer/Resident Name:

Owner/Landlord Name: (if renter occupied)*

Telephone: Applicant's E-mail:

Account Address:

City: State: ZIP:

Mailing Address: (if different)**

City: State: ZIP:

Property Type: Single Family Duplex Condominium Mobile Home Apartment
(Check one)

Check one: Owner Occupied Renter Occupied Vacant

Estimated Annual Gross \$0-\$24,980 \$24,981-\$33,820 \$33,821-\$42,660

Household Income: (Check one) \$42,661-\$51,500 \$51,501-\$60,340 \$60,341-\$69,180
 \$69,180-\$78,020 \$78,021-\$86,860 \$86,861 or greater

Number of Occupants in Home:

Home Characteristics

Please provide photo of heating system nameplate for homes with Electric Resistance or Heat Pump heating

Year Cooling Equipment Installed:

Cooling Type: (Check one) Refrigerated Air Evaporative Cooling None

Heating Type: (Check one) Gas Electric Resistance Heat Pump None

2 INSTALLATION INFORMATION (Must complete all fields)

Ceiling Insulation/Attic Encapsulation

For existing R-values lower than R-5, please submit a photo of the attic floor and insulation depth (with ruler) before treatment. Installed R-value must exceed R-30.

Existing R-value: Installed R-value:

Installed Insulation Type: (Check one) Fiberglass Batt Blown-in Fiberglass Closed-cell Foam
 Open-cell Foam Other

Sqft of conditioned space directly below treated attic:

Encapsulate Attic: (Check one) Yes No

If yes, was a separate rebate form submitted for Air Infiltration?: (Check one) Yes No

Floor Insulation

No existing floor insulation may be present in order to qualify. Installed R-value must exceed R-19.

Home Type: (Check one) Site-built Manufactured

Existing R-value: Installed R-value:

Treated Floor Sqft:

To determine your rebate amount, visit www.epesaver.com

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Cool Roofs

Homes with electric resistance heat are not eligible

Roof Slope: (Check one) Low $\leq 2/12$ High $> 2/12$

Roof Material Description: (e.g. manufacturer, brand, model)

SRI: 3-Year SRI: Treated Sqft:

Ceiling Insulation R-value: (If applicable, check one)

<input type="checkbox"/> R-0	<input type="checkbox"/> R-1 to R-4
<input type="checkbox"/> R-5 to R-8	<input type="checkbox"/> R-9 to R-14
<input type="checkbox"/> R-15 to R-22	<input type="checkbox"/> Greater than R-22

Roof Deck Insulation R-value: (If applicable, check one)

<input type="checkbox"/> R-19 to R-37	<input type="checkbox"/> Greater than R-38
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3 CONTRACTOR INFORMATION

Company Name: License #: (if applicable)

Contact Person: Phone:

4 APPLICANT ACKNOWLEDGEMENT

Please refer to EPESaver.com for additional information regarding eligibility criteria
(Signed by EPE customer if owner occupied or landlord if renter occupied)

By signing below, I acknowledge that: (1) the infiltration work listed herein have been installed to my satisfaction; (2) if contacted by EPE or Frontier Energy, I agree to allow access to my property to inspect the infiltration work; (3) neither EPE nor Frontier Energy assumes any liability whatsoever relating to the infiltration work installed, their installation or performance; (4) all information provided in this rebate form is accurate to the best of my knowledge and (5) **I acknowledge that the project would not have been accomplished or would have been completed with a lower level of efficiency without the assistance of the EPE Energy Efficiency Program.**

Applicant Signature: Date:

5 PAYMENT RELEASE AUTHORIZATION

OPTIONAL
(Property owner must complete and sign only if rebate is to be issued to contractor)

By signing below, I am authorizing the payment of the rebate to the contractor (named below), and I understand that I will **NOT** be receiving the incentive payment from El Paso Electric.

Applicant Signature: Date:

Contractor Company Name: (for payment)

Mailing Address:

City: State: ZIP: