

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
- ** Email rebate correspondence will be sent to the email address specified in this field
- *** 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 Email:**

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
 \$69,181-\$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

Pre/post photos of the attic floor and insulation depth (with ruler) required. Installed R-value must exceed R-30.

Project Completion Date:

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. Pre/post photos of the attic floor and insulation depth (with ruler) required. Installed R-value must exceed R-19.

Project Completion Date:

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

Project Completion Date:

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:

Insulation Type: (Check one) Ceiling Roof Deck

Existing Insulation R-value:

3

CONTRACTOR INFORMATION

Company Name: License #: (if applicable)

Contact Person: Phone:

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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 measure installation listed herein has been installed to my satisfaction; (2) if contacted by EPE or Frontier Energy, I agree to allow access to my property to inspect the measure installation; (3) neither EPE nor Frontier Energy assumes any liability whatsoever relating to the measure 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:

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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: