2020 Air & Duct Sealing Rebates

APPLICATION FORM



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

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| 1 | EPE CUSTOMER INFORMATION | | |
| In order to be eligible for rebates, rebate forms may | EPE Account Number for Install Location: (10 digits) | | |
| be completed online or mailed along with a copy of receipt or contractor invoice | Customer/Resident Name: Owner/Landlord Name: (if renter occupied)* | | |
| to the address below. | Telephone: Applicant's Email:** | | |
| Rebate processing takes approximately 4–6 weeks. Terms and conditions subject to change without notice. | Account Address: City: State: ZIP: | | |
| | City: State: ZIP: Mailing Address: (if different)*** | | |
| EPESaver Rebate Center 1515 S Capital of Texas Hwy, Suite 110 Austin, TX 78746 www.epesaver.com | City: State: ZIP: | | |
| | Property Type: Single Family Duplex Condominium Mobile Home Apartment (Check one) | | |
| * Rebate check will be made out to | Check one: Owner Occupied Renter Occupied Vacant | | |
| landlord if entered ** Email rebate correspondence will be sent to the email address specified in this field | 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 | | |
| *** Rebate check will be mailed to the account address unless a different mailing address is provided | Number of Occupants in Home: | | |
| Home | Number of Stories: (Check one) Single Story Two Story Three or More Stories | | |
| Characteristics Please provide photo of heating system | Number of Bedrooms: | | |
| nameplate for homes with Electric Resistance or Heat Pump heating | Conditioned Home Sqft: 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) | | |
| Air Sealing | Project Completion Date: | | |
| Please provide photo of pre- and post- leakage testing results | Starting CFM₅₀ Ending CFM₅₀ | | |
| post- leakage testing results | | | |
| | Ending CFMso cannot be lower than the Minimum CFMso allowed by code (see website for more details) | | |
| Duct Sealing | Project Completion Date: | | |
| Please provide photo of pre- and post- leakage testing results | Leakage Testing: (Check one) Leakage-to-outside Total leakage | | |
| post rearrage testing results | Note: Leakage-to-outside testing is required | | |
| | Starting CFM ₂₅ Ending CFM ₂₅ HVAC Tonnage (to nearest 1/2 ton) | | |
| | | | |

New Mexico Residential

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| 3 | CONTRACTOR INFORMATION | | |
|---|---|-------------------------------|--|
| | Company Name: Contact Person: | License #: (if applic | rable) |
| 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 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: | | |
| 5 | PAYMENT RELEASE AU | THORIZATION | |
| OPTIONAL (Property owner must complete and sign only if rebate is to be issued to contractor) | By signing below, I am authorizing the I will NOT be receiving the incentive p. Applicant Signature: Contractor Company Name: (for paym Mailing Address: City: | ayment from El Paso Electric. | or (named below), and I understand that Date: ZIP: |