

# 2020 Building Exterior Rebates

## APPLICATION FORM



All rebate applications are due by January 15<sup>th</sup> 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](http://www.epesaver.com)

#### Building Characteristics

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

EPE Account Number for Install Location: (10 digits)

Customer/Business Name:

Telephone:  Applicant's Email:\*

Account Address:

City:  State:  ZIP:

Mailing Address: (if different)\*\*

City:  State:  ZIP:

\* 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

Year of Building Construction:

Existing Cooling Type: (Check one)  Split/Pack. AC  Split/Pack. HP  Air-Cooled Chiller  
 Water-Cooled Chiller  Evaporative Cooler  None

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

HVAC Equipment Age:

### 2 INSTALLATION INFORMATION (Must complete all fields)

#### Cool Roofs

Please provide documentation of ENERGY STAR rating, manufacturer spec sheet, and treated roof SqFt

Building Type: (Check one)  Education  Hotel  Office  
 Retail  Warehouse  Other

Treated Roof SqFt:  % of Treated Roof that is over conditioned space:

Roof Slope: (Check one)  Low-slope ( $\leq 2:12$ )  Steep-slope ( $> 2:12$ )

Initial SRI:  3-year SRI:

Additional Ceiling or Roof Deck Insulation Installed: (Check one)  Yes  No

If Yes, final R-value: (Check one)   $R \leq 13$    $13 > R \leq 20$    $20 < R$

#### Window Treatments

Please provide copy of manufacturer spec sheet for installed shading product

Existing Window Construction Number of Panes: (Check one)  Single  Double

Shading: (Check all that apply)  None  Screen/Film  Roller Shade  
 Louvered Interior Shades  Open Weave Draperies  
 Closed Weave Draperies  Exterior Awnings

Installed Shading: (Check one)  Screens  Film

Manufacturer	Brand	Model #	Shading Coefficient
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To determine your rebate amount, visit [www.epesaver.com](http://www.epesaver.com)

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APPLICATION FORM



Window Treatments  
(continued)

Installed SqFt:

North	North-East	East	South-East
South	South-West	West	North-West

## 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 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:

## 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: