



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)

- \* 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

Existing Windows: (Check one)  Single Pane  Double Pane

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

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

Note: Homes with electric resistance heat are not eligible

## 2 INSTALLATION INFORMATION (Must complete all fields)

### Solar Screens

Please provide photo of installed solar screens for all orientations  
Please provide documentation of solar heat rejection and solar screen sqft

Project Completion Date:

Manufacturer	Brand Name	Model #	% of Solar Heat Blocked (80% or more required)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

South-facing Window Area Treated (Sqft)	West-facing Window Area Treated (Sqft)	Total Window Area Treated (Sqft)
<input type="text"/>	<input type="text"/>	<input type="text"/>

### ENERGY STAR® Windows

Please provide documentation of window specifications and sqft (copies of window stickers preferred)

Project Completion Date:

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

U-factor:  SHGC:

# 2020 Window & Window Treatment Rebates

APPLICATION FORM



ENERGY STAR®  
Windows  
(continued)

North-facing Window Area Treated (Sqft)	South-facing Window Area Treated (Sqft)	East-facing Window Area Treated (Sqft)	West-facing Window Area Treated (Sqft)	Total Window Area Treated (Sqft)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide documentation of window specifications and sqft

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## 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: