

2024 Window & Window Treatment Rebates

APPLICATION FORM



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

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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

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

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INSTALLATION INFORMATION (Must complete all fields)Project cost from invoices/receipts: \$

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"/>	

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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:

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](https://www.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: