

A Cooperative Effort for Energy Efficiency



Remit to: Ozark Electric Cooperative Attn: Rebates PO Box 420 Mount Vernon, Mo 65712

ENERGY STAR\* HEAT PUMP WATER HEATER REBATE APPLICATION

Member must: 1) Be in good standing with the Cooperative; 2) Complete application in full; 3) Sign; 4) Submit with COPY of receipt within 90 days of purchase

| January 1, 2025 |              |
|-----------------|--------------|
| ersion 5.0      |              |
| ers             | Rebate recip |

Get a rebate back from your electric cooperative! TERMS AND CONDITIONS APPLY

pients may be asked to participate in a future survey by e-mail invitation or by phone.

| MEMBER INFORMATION    |        |      |                                           |  |  |  |
|-----------------------|--------|------|-------------------------------------------|--|--|--|
| Name:                 |        |      | Co-op Account Number:                     |  |  |  |
| Installation Address: |        |      |                                           |  |  |  |
| City:                 | State: | Zip: | Phone:                                    |  |  |  |
| Receipient address:   |        |      |                                           |  |  |  |
| City:                 | State: | Zip: | Install date:                             |  |  |  |
| Email address:        |        | S    | ee back of form for terms and conditions. |  |  |  |

| RESIDENTIAL INFORMATION Member must complete this section. |               |             |                         |                          |                                              |                         |                                   |                        |        |
|------------------------------------------------------------|---------------|-------------|-------------------------|--------------------------|----------------------------------------------|-------------------------|-----------------------------------|------------------------|--------|
| Check one:                                                 | e: Check one: |             |                         | Is this rental property? | Did rebate influence your purchase decision? |                         | How many people live in the home? |                        |        |
| Primary Home New home                                      |               |             |                         | Yes                      | Yes                                          |                         |                                   |                        |        |
| Second home Existing home                                  |               |             |                         | No                       | No                                           |                         |                                   |                        |        |
| Home type (check one): Single famil                        |               | ily         | Multi-family            | Town home                | Condo                                        |                         | Other                             |                        |        |
| Installation type:                                         |               | New<br>Home | Other                   | Add-On to existing home  | Replaced electric WH Replaced na WH          |                         | al gas                            | Replaced propane<br>WH | Unsure |
| If replacement installation: Existing WH l                 |               | /H broken   | Existing WH functioning | New home / add-on Unsure |                                              |                         |                                   |                        |        |
| How did you hear about our rebates?                        |               | Radio       |                         | TV                       | Newsletter                                   | Mailing                 |                                   | Employee               |        |
|                                                            |               | Contractor  |                         | Builder                  | Newspaper                                    | Website / Online Search |                                   | Friend / Neighbor      | Other  |

Member must complete this section.

| APPLIANCE<br>INFORMA-<br>TION | Install Date | Brand | Model Number | Serial Number | Size (Gallons) | Energy Star<br>(Y/N) | UEF | Cost of Unit |
|-------------------------------|--------------|-------|--------------|---------------|----------------|----------------------|-----|--------------|
| Unit #1                       | / /          |       |              |               |                |                      |     |              |
| Unit #2                       | / /          |       |              |               |                |                      |     |              |
| Reason for<br>Replacement     |              |       |              |               |                |                      |     |              |

| MEMBER SIGNATURE (Certifies that the appliance(s)/unit(s) listed meet program requirements and that they are installed at the address listed. I agree that the cooperative may verify installation at the address listed.) | COOPERATIVE IS RESPONSIBLE FOR MAINTAINING ALL RECEIPTS AND DOCUMENTS RELATED TO THIS APPLICATION |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                            | Cooperative approval signature:                                                                   |



## ENERGY STAR\* HEAT PUMP WATER HEATER REBATE QUALIFICATIONS

## **ELIGIBILITY CRITERIA**

- Must be a member in good standing with the cooperative
- The structure in which the member resides must be a permanent structure on a permanent foundation on the land owned by the member.
- Rebates are limited to eligible services (homes, lake homes, shops, barns, etc) that purchase more than 6,000 kilowatt-hours of electricity from the cooperative on an annual basis.
- The appliance must be ENERGY STAR rated
- If the new unit replaces an old unit, the efficiency rating of the OLD unit must be less than 0.9
- Tankless water heaters are NOT eligible for this program
- Gas water heaters are NOT eligible for this program
- Replacing a gas water heater with a heat pump water heater is eligible for this program
- Heat pumps that receive rebates <u>may be subject to cooperative load control programs.</u> The participant agrees to allow the cooperative to control their heating and cooling equipment now or in the future.
- Limit of up to two (2) per meter
- Rebates are available for existing and new homes

## DISCLAIMER

The cooperative is not responsible if your contractor, retailer, builder or other party provides you with inaccurate information about the amount or conditions of the actual rebate. The cooperative will not rebate equipment that has been mislabeled, misrepresented or previously owned. The cooperative reserves the right to inspect the equipment and its installation at the address indicated on the front of this application. The cooperative is not responsible for any lost, late, stolen, ineligible, misdirected or postage due mail. All completed applications will become the property of the cooperative. Rebate qualifications and amounts are subject to change at the cooperative's discretion and the program may end at any time without notice.

SEND COMPLETED APPLICATIONS TO YOUR LOCAL ELECTRIC COOPERATIVE