



GROUND SOURCE HEAT PUMP REBATE APPLICATION

660-679-3131 800-889-6832

Version 2.2 October, 2011

SECTION A

Name: _____ Co-op Account # _____
 Address where appliance will be installed: _____
 City _____ State _____ ZIP _____ Phone _____
Mailing address (if different than the installation address): _____
 City _____ State _____ ZIP _____ Phone _____
 E-Mail address _____

EXISTING HEATING & COOLING EQUIPMENT INFORMATION:

- A. Information about your home: Year built _____ Size _____ sq. ft. No. of people living in the home _____
- B. What type of **dwelling structure** is this heat pump installed at? (check one)
 Single family house House w/ Farm Multi-unit dwelling Manufactured (single/double) Other
- C. Did this rebate influence your decision to buy the appliance? (check one) Yes _____ No _____
- D. How did you hear about our rebates? (check one)
 Radio advertisement Television advertisement Cooperative Newsletter Cooperative Mailing
 Cooperative Employee Contractor or Builder Newspaper advertisement Other _____
- E. If installed in an existing home, what type of **heating system** did the home have previously? (check one)
 Gas-Forced Air Electric-Forced Air Electric Baseboard Dual Fuel Heat Pump, SEER _____
 Ground Source Heat Pump, EER _____ Wood Other (specify) _____
- F. What type of **cooling system** will the heat pump replace? (check one)
 Central Air Conditioning, SEER _____ Window Air Conditioners (how many? _____), Age _____
 Dual Fuel Heat Pump, SEER _____ Ground Source Heat Pump, EER _____ None
- G. What type of **back-up (supplemental) heating system** does your new heat pump use? (check one)
 None Natural Gas Propane Electric Other

I certify that the heat pump listed below is a qualifying ENERGY STAR® heat pump that will be installed at the address listed above. I agree to allow a representative of the Cooperative to verify the heat pump installation at the above address.

All account information will be kept confidential between the Cooperative, Associated Electric Cooperative and agents acting on their behalf.
 Signature: _____ Date: _____

SECTION B

NEW HEAT PUMP EQUIPMENT INFORMATION:

Manufacturer _____ Model _____ Install date: ____/____/____
 EER _____ (See EER qualifying ratings in the Terms & Conditions located on the back of application) Capacity in Tons _____
 For multi-stage models: highest rated EER _____ + lowest rated EER _____ divided by 2= _____ (average EER)
System type (check one): NEW system (including loop) Replacement of Pump Unit only
 Loop type (check one): Open Closed Reason for replacement: _____

SECTION C

RETAILER-CONTRACTOR INFORMATION:

HVAC Contractor Name _____ Contact Person _____
 Address _____ Phone _____

I certify that the equipment information is accurate, including claims of efficiency, size and HVAC system information. I recognize that the Cooperative may verify the information that I have provided.

Contractor's Signature: _____ Date: _____

SECTION D

FOR OFFICE USE ONLY A copy of the invoice and Manual J Calculation MUST be included with rebate application

Rebate Amount	Check Number	Check Date	Invoice/Manual J	Approval Signature

GROUND SOURCE HEAT PUMP REBATE APPLICATION QUALIFICATIONS

ELIGIBLE CUSTOMERS

- Cooperative residential members are eligible for rebates when buying qualifying ground source (geothermal) heat pumps.
- The structure in which the member resides must be a permanent structure on a permanent foundation on land owned by the member.



ELIGIBLE HEAT PUMP EQUIPMENT

- **Equipment must meet the ENERGY STAR +2 EER rating of 19.1**
- EER for multi-stage models can be calculated by adding highest EER + lowest EER and dividing by 2
- For cooperative systems north of the Missouri River, ground source heat pumps must be installed with a Delta-T of 80 supported by a Manual J “Residential Load Calculation” published by the Air Conditioning Contractors of America (ACCA). Please ask your HVAC contractor to verify that these requirements are met.
- For cooperative systems south of the Missouri River, ground source heat pumps must be installed with a Delta-T of 70 supported by a Manual J “Residential Load Calculation” published by the Air Conditioning Contractors of America (ACCA). Please ask your HVAC contractor to verify that these requirements are met.
- The cooperative may inspect the home to determine if a minimum of R-38 insulation is present in the ceiling and R-13 in the walls.
- Cooperative does not rebate DX (direct expansion) ground-source heat pump installations.

EXISTING EQUIPMENT

- *Space Heating:* The heat pump may be used to replace existing heat pumps, electric resistance or fossil fuel equipment in the home.

REBATE DETAILS

- Please submit one rebate application per heat pump. Attach additional sheet for multiple units.
- A copy of the data sales receipt or invoice must be included with the rebate application.
- The application must include all the information requested on the front of this application.
- **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE MEMBER**
- Please allow 3-4 weeks for rebate processing. Please keep a copy for your records. **DISCLAIMER** The cooperative is not responsible if your HVAC 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 or misrepresented. The cooperative reserves the right to inspect the heat pump and its installation at the address indicated on the front of this application. The cooperative is not responsible for any lost, late, stolen, ineligible, illegible, 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 : Osage Valley Electric Cooperative
Attn: Member Services Department
PO Box 470
Butler MO 64730**

FOR OFFICE USE ONLY – LOCAL COOPERATIVE CERTIFIES THE FOLLOWING:

Minimum R-38 ceiling insulation <input type="checkbox"/>	Minimum R-13 wall insulation <input type="checkbox"/>
Validation of unit efficiency: <input type="checkbox"/>	Validation of replacement reason: <input type="checkbox"/>
Date Received:	Account #:
Approval Signature:	