



## RESIDENTIAL HEAT PUMP REBATE APPLICATION

### ELIGIBLE CUSTOMERS

South Central Indiana REMC members are eligible for rebates when buying qualifying air-source or geothermal heat pumps

### REBATE DETAILS

- Equipment must be installed by a licensed, full time HVAC contractor.
- SCI REMC issues rebates in the form of checks, not energy bill credits.
- Rebates are valid only for equipment installed between January 1 and December 31, 2009.
- Please submit one application per heat pump.
- A copy of the sales invoice must be included with the rebate application.
- Incomplete applications will not be processed and will be returned to the member.
- Please allow two to four weeks for rebate processing. Please keep a copy for your records.

### DISCLAIMER

South Central Indiana REMC is not responsible if your HVAC contractor, builder or other party provides you with inaccurate information about the amount or conditions of the actual rebate. SCI REMC will not rebate equipment that has been mislabeled or misrepresented. SCI REMC reserves the right to inspect the heat pump and its installation at the address indicated on the application form. SCI REMC is not responsible for any lost, late, stolen, ineligible, misdirected or postage due mail. Rebate qualifications and amounts are subject to change at SCI REMC's discretion and the program may end at any time.

### SEND COMPLETED APPLICATION TO:

**South Central Indiana REMC  
Heat Pump Rebate Program  
300 Morton Avenue  
Martinsville, IN 46151**

**Fax: 765-352-4821**

*For Official Use Only*

Date Received: \_\_\_\_\_ Account #: \_\_\_\_\_ Approval: \_\_\_\_\_



## RESIDENTIAL HEAT PUMP REBATE APPLICATION

### To be completed by homeowner

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address where unit was installed: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mailing address (if different than the installation address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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**If installed in an existing home, what type of heating system did the home have previously? (check one):**

Gas Furnace    Electric Heat Pump    Electric Furnace    Oil    Baseboard    Other (specify): \_\_\_\_\_

**Age of equipment being replaced:**    1-5 years    6-10 years    11-15 years    16 + years

**What type of cooling system will the heat pump replace? (check one):**

Central Air Conditioning    Window Air Conditioner(s)    Heat Pump    None

**Reason for replacing:**    Rebate    Cost    Age    Safety  

**What type of back-up (supplemental) heating system does your new heat pump use? (check one):**

Electric Resistance    Gas    None    Other (specify): \_\_\_\_\_

*I certify that the heat pump listed below was installed at the address listed above. I agree to allow a representative of South Central Indiana REMC to verify the heat pump installation at the above address.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To be completed by HVAC contractor

#### HEAT PUMP EQUIPMENT INFORMATION:

Type: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_  
**Air Source or Geothermal**

SEER/EER Rating: \_\_\_\_\_ Capacity in Tons: \_\_\_\_\_ Installation Date: \_\_\_\_\_

#### CONTRACTOR INFORMATION:

HVAC Contractor Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_