



RESIDENTIAL HEAT PUMP REBATE APPLICATION

ELIGIBLE CUSTOMERS

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

REBATE DETAILS

- Equipment must be installed by a licensed 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, 2010.
- 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: _____

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: _____