NCMPA1
Residential Rebate Request Form

Hometown Green
Generating Smart Energy Choices

I.D. NUMBER _____

SECTION 1	***REBATE RECIPIENT INFORMATION***	**SECTION 2**	***SERVICE ADDRESS INFORMATION***
NAME		LOCATION	
MAILING ADDRESS			
CITY			
STATE	ZIP	SERVICE ACCOUNT #	
PHONE			

SECTION 3 ***TYPE OF REBATE***

FIELD INSPECTION DATE_____

APPLIANCE INSTALLED: ❑ HEAT PUMP ❑ WATER HEATER

PROPERTY TYPE : ❑ RESIDENTIAL ❑ NEW CONSTRUCTION ❑ SINGLE FAMILY

❑ MULTI-FAMILY ❑ EXISTING CONSTRUCTION ❑ OTHER

WATER HEATER ***REBATE AMOUNT $150 PER UNIT***

EXISTING TYPE OF WATER HEATER REPLACED?

❑ ELECTRIC ❑ LP GAS

❑ NAT GAS ❑ OTHER

NEW WATER HEATER KW_____

NEW WATER HEATER GALLONS_____

HEATING/COOLING SYSTEM ***REBATE AMOUNT VARIES PER UNIT***

EXISTING TYPE OF HEATING SYSTEM REPLACED?_____	NEW MANUFACTURER_____
NEW HEAT PUMP SEER RATING_____	NEW AIR HANDLER MODEL #_____
NEW HEAT PUMP SIZE IN TONS_____	NEW ODU MODEL #_____
AHRI REFERENCE #_____	NEW COIL MODEL#_____

SECTION 4 **BUSINESS PAYEE TAX INFORMATION**

Tax Status: ❑ Corporation ❑ Partnership ❑ Individual/Sole Proprietor ❑ Exempt {Tax exempt, non-profit}

Tax ID number: ❑ EIN ❑ Federal Tax ID ❑ SSN _____

Tax Liability: Rebates are taxable if greater than $600 for business customers, and will be reported to the IRS unless you are exempt. Town will report your rebate as income to you on the IRS Form 1099 unless you have checked "Corporation" or "Exempt" tax status above. You are urged to consult your tax advisor concerning the taxability of rebates. Town is not responsible for any taxes that may be imposed on your business as a result of receipt of this rebate.

SECTION 5 ***Contractor Information***

Company Name	Contact Name/Title	Business Phone

I certify that all equipment information is accurate. I have read and understand all information and qualification standards and understand that ElectriCities of NC, Inc. may verify all information that I have provided.

Contractor Signature_____ Date_____

SECTION 6 ***Customer Acceptance of Terms***

I certify that I have read and understand all information and qualification standards for the High Efficiency Heat Pump Rebate Program. I attest that all information is correct. I agree to the verification of the sales transaction, and all information submitted above and to the inspection of the equipment installation by the Town of Granite Falls.

Customer Signature_____ Date_____

Rebates will not be paid for incomplete applications. Did you:

❑ Include a copy of dated sales invoice?

❑ Include manufacturer documentation of efficiency ratings, if required?

❑ Sign and date the application?

❑ Fill in equipment, customer and contractor information?

❑ Have your contractor sign and date the application?

❑ Include your service account number?

❑ Retain copies of all paperwork for your records?

For Office use only

Date Received_____ Date Approved_____ Rebate Amount($)_____ Authorized Signature_____