



**NCMPA1  
Residential Rebate  
Request Form**



I.D. NUMBER \_\_\_\_\_

<b>SECTION 1</b>	<b>SECTION 2</b>
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**REBATE RECIPIENT INFORMATION**

**SERVICE ADDRESS INFORMATION**

NAME \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_

LOCATION \_\_\_\_\_  
 SERVICE ACCOUNT # \_\_\_\_\_

**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? <input type="checkbox"/> ELECTRIC <input type="checkbox"/> LP GAS <input type="checkbox"/> NAT GAS <input type="checkbox"/> OTHER	NEW WATER HEATER KW _____ NEW WATER HEATER GALLONS _____
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**HEATING/COOLING SYSTEM REBATE AMOUNT VARIABLE SEE PROGRAM DESCRIPTION\***

EXISTING TYPE OF HEATING SYSTEM REPLACED? _____ NEW HEAT PUMP SEER RATING _____ NEW HEAT PUMP SIZE IN TONS _____ AHRI REFERENCE # _____	NEW MANUFACTURER _____ NEW AIR HANDLER MODEL # _____ NEW ODU MODEL # _____ NEW COIL MODEL# _____
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**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. City/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. City/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
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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 City/Town.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> Include a copy of dated sales invoice?              | <input type="checkbox"/> Include manufacturer documentation of efficiency ratings, if required? |
| <input type="checkbox"/> Sign and date the application?                      | <input type="checkbox"/> Fill in equipment, customer and contractor information?                |
| <input type="checkbox"/> Have your contractor sign and date the application? | <input type="checkbox"/> Include your service account number?                                   |
| <input type="checkbox"/> Retain copies of all paperwork for your records?    |   |

**For Office use only**

Date Received \_\_\_\_\_ Date Approved \_\_\_\_\_ Rebate Amount(\$) \_\_\_\_\_ Authorized Signature \_\_\_\_\_