

ENERGY STAR® APPLIANCE REBATE APPLICATION (Landlord/Agency/Other)

HEAT PUMP & CENTRAL AIR CONDITIONER

Kentucky's Touchstone Energy® Cooperatives



ELIGIBILITY:

- Eligible split system heat pumps, central air conditioners, and package unit heat pumps that meet or exceed current ENERGY STAR standards qualify for a \$300 rebate per unit.
• Eligible mini-split (ductless heat pumps) that meet or exceed current ENERGY STAR standards qualify for a \$300 rebate per qualifying outdoor unit.
• Maximum of 3 heat pump or central air conditioners, 6 per lifetime per premise/location rebates per year.

To confirm the ENERGY STAR certification of a product, visit www.energystar.gov/products/certified-products, e-mail hotline@energystar.gov or call 888-782-7937 to speak with a representative.

HOW TO APPLY:

- 1. Please read all of the terms and conditions (program guidelines) to ensure that your new ENERGY STAR® appliance qualifies for a rebate.
2. Application must be completed in its entirety.
3. Please enclose proof of purchase. Products must be purchased AFTER 1/1/15. Copies must be legible to receive the rebate.
4. Please enclose a copy of the AHRI Certificate for your new unit (AHRI certificate can be requested from the installer of the new equipment).
5. Please save a copy of your application and proof of purchase.
6. Mail your completed application and proof of purchase to:
Appliance Recycling Centers of America, Inc.
ATTN: Order Management/Rebates
175 Jackson Ave North, Suite 102
Hopkins, MN 55343
7. Rebate checks will be addressed to the primary account holder listed on the account and will be mailed to the designated mailing address for that account. Please allow 4-6 weeks for processing.

INFORMATION: (Account holder name and account number must match to qualify)

Account Holder Name: _____ Account No.: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone No.: _____ Email: _____
Cooperative Name: _____

Type of heating system replaced?:
Heat Pump Baseboard Electric Furnace Propane Natural Gas
Wood NA Other _____

Installation Date: _____ Manufacturer: _____

Outdoor Unit Model#: _____ Outdoor Unit Serial#: _____

Indoor Unit Model#: _____ Indoor Unit Serial#: _____

SEER Rating (EER for Geothermal) from AHRI Certificate: _____

HSPF Rating (COP for Geothermal) from AHRI Certificate: _____

AHRI Certified Reference #: _____

System Type: Split System Package System

Property Type: Single Family Multi-Family Manufactured Home

Property Occupied by: Owner Tenant Number of Occupants: _____

By marking this check box you are authorizing the rebate payment to go to the person indicated below
LANDLORD/AGENCY/OTHER INFORMATION: Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone No.: _____ Email: _____

I have read and understand the terms and conditions. I certify that the information provided is correct and the product that I have applied for a rebate is installed and operational. I understand that my Touchstone Energy Cooperative reserves the right to verify my application. I will allow Touchstone Energy representatives reasonable access to verify installation of qualifying product(s). I understand that Touchstone Energy may provide my name and address to its representatives to verify this information. I understand this application will be denied if it is incomplete or inaccurate.

Authorized Signature: _____ Date: _____

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APPLIANCES

Kentucky's Touchstone Energy® Cooperatives



HOW TO APPLY:

1. Please read all of the terms and conditions (program guidelines) to ensure that your new ENERGY STAR® appliance qualifies for a rebate.
2. Application must be completed in its entirety.
3. Please enclose proof of purchase(s). Products must be purchased AFTER 1/1/15. Copies must be legible to receive the rebate.
4. Please save a copy of your application and proof of purchase (include copy of store receipt).
5. Mail your completed application and proof of purchase to:

Appliance Recycling Centers of America, Inc.
ATTN: Order Management/Rebates
175 Jackson Ave North, Suite 102
Hopkins, MN 55343

6. Rebate checks will be addressed to the primary account holder listed on the account and will be mailed to the designated mailing address for that account. Please allow 4-6 weeks for processing.

INFORMATION: (Account holder name and account number must match to qualify)

Account Holder Name: _____ Account No.: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone No.: _____ Email: _____
 Cooperative Name: _____

Appliance	Purchase Date	Manufacturer	Model #	Serial # (not SKU#)
Refrigerator 7.75 cubic feet or larger. \$100 per unit (max. 1 rebate per year, 2 per lifetime of the account).				
Freezer \$50 per unit (max. 1 rebate per year, 2 per lifetime of the account).				
Dishwasher \$50 per unit (1 rebate per year, max. 2 per premise/location).				
Clothes Washer \$75 per unit (max. 1 rebate per year, 2 per lifetime of the account).				
Heat Pump Hot Water Heater - \$300 per unit (2 rebate per year, 4 per premise/location).				

Property Type: Single Family Multi-Family Manufactured Home

Property Occupied by: Owner Tenant Number of Occupants: _____

How did you learn about the ENERGY STAR Appliance Rebate Program?:

- Co-op Representative Direct Mail (Postcard) Word of Mouth Newspaper Radio TV Billboard Co-op Website Other Website
 Bill Insert/Newsletter Kentucky Living Magazine Social Media E-mail Appliance Store Other _____

By marking this check box you are authorizing the rebate payment to go to the person indicated below

LANDLORD/AGENCY/OTHER INFORMATION: Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone No.: _____ Email: _____

I have read and understand the terms and conditions. I certify that the information provided is correct and the product that I have applied for a rebate is installed and operational. I understand that my Touchstone Energy Cooperative reserves the right to verify my application. I will allow Touchstone Energy representatives reasonable access to verify installation of qualifying product(s). I understand that Touchstone Energy may provide my name and address to its representatives to verify this information. I understand this application will be denied if it is incomplete or inaccurate.

Authorized Signature: _____ Date: _____