

**\*\*ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE\*\***

**Member Information**

Name: \_\_\_\_\_

Business name: \_\_\_\_\_  
(if applicable)

Address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Account # \_\_\_\_\_

Location # \_\_\_\_\_

Rebate unit installed at (location):  Same as above  Or other:

Name/business: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Rebate Unit Installation Information**

1. Rebate equipment installed in:

- Single family residence  Farm outbuilding  
 Multi-family unit: apt/condo/duplex/etc.  Business

2. Building size (conditioned square feet):

- Less than 1,000  1,500 - 1,999  2,500 - 2,999  
 1,000 - 1,499  2,000 - 2,499  More than 3,000

3. Building age (year of construction):

- Before 1960  1980 - 1989  2000 - 2004  
 1960 - 1969  1990 - 1994  2005 - 2009  
 1970 - 1979  1995 - 1999  After 2009

4. Building ownership:  Owned  Leased

5. Do you have an active farming operation served by the REC?

- Yes  No

6. Rebate unit installed in:  New construction  Existing structure

7. Date unit installed (m/d/y): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. Installer (if applicable) or purchased from:

Business name: \_\_\_\_\_

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

Contact name: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\*\*For Office Use Only\*\***

a. Cooperative:

- BUT  GRU  ILEC-CB  MID-CB  PRA  
 CAL  HUM  ILEC-NIP  MID-CIP  RAC  
 FRA

b. All installations total rebate amount \$ \_\_\_\_\_

- c. Form 7 category:  Residential  Small C&I  
 Residential seasonal  Large C&I

**Rebate Information Sources**

9. How did you first learn about the availability of this rebate?

- Dealer  Newspaper  Co-op newsletter  
 Builder/contractor  Radio  Brochure/direct mail  
 Co-op employee  TV  Co-op email  
 Friend/relative  Co-op website  Other \_\_\_\_\_

10. When you decided to purchase this unit or participate in this program, what were your most important sources of information? (all that apply)

- Dealer  Newspaper  Co-op newsletter  
 Builder/contractor  Radio  Brochure/direct mail  
 Co-op employee  TV  Co-op email  
 Friend/relative  Co-op website  Other \_\_\_\_\_

11. What were the most important factors influencing your purchase or program participation decision? (all that apply)

- Co-op rebate  Higher efficiency new unit  
 Safety of the new unit  Previous unit quit working  
 Wanted new color/style  Other \_\_\_\_\_

12. Would you have purchased this unit or participated in this program without the co-op rebate?

- Not at all likely  1  2  3  4  5 Very likely

**Member Demographics**

13. How long have you received electric service from your REC?

- <1 year  4 - 5 years  11 - 20 years  >30 years  
 1 - 3 years  6 - 10 years  21 - 30 years

14. What is the age of the primary account holder?

- Under 25  35 - 44  55 - 64  75+  
 25 - 34  45 - 54  65 - 74

15. How many people live in the household?

- 1  2  3  4  5+

16. What are the primary sources of income for the household?

- Farming  Professional  Social Security  
 Factory/Industrial  Pension  Agriculture Business  
 Service Industry  Office/Sales  Other \_\_\_\_\_

17. What is the highest level of education completed?

- Less than high school diploma  Some college  
 High school graduate/GED  College graduate  
 Vocational/trade training  Graduate or professional school

Please also complete form for specific rebate unit.





# Touchstone Energy® Home Plus Rebate

## Program Criteria

- Bonus rebate for new home or complete remodel
- Professional third-party HERS rating required
- Single-family homes only
- Bonus in addition to other applicable rebates
- All-electric homes only
- Must exceed ENERGY STAR® requirement by at least 10%

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### Member Information

Name: \_\_\_\_\_

Business name:  
(if applicable) \_\_\_\_\_

Location # \_\_\_\_\_

Zip code: \_\_\_\_\_

### Heating/Cooling Information

1. Primary heating system used:

- Air source heat pump
- Electric central furnace
- Geothermal heat pump
- Zoned electric heat (ceiling, cove, baseboard)
- Other (specify) \_\_\_\_\_

2. Primary air conditioning system used:

- Geothermal heat pump       Central air       None
- Air source heat pump       Window unit(s)

3. Water heater type:(all that apply)

- Electric tank-type
- Geothermal desuperheater
- Heat pump water heater

### \*\*For Office Use Only\*\*

- |                           |                           |                                |                               |                           |
|---------------------------|---------------------------|--------------------------------|-------------------------------|---------------------------|
| <input type="radio"/> BUT | <input type="radio"/> GRU | <input type="radio"/> ILEC-CB  | <input type="radio"/> MID-CB  | <input type="radio"/> PRA |
| <input type="radio"/> CAL | <input type="radio"/> HUM | <input type="radio"/> ILEC-NIP | <input type="radio"/> MID-CIP | <input type="radio"/> RAC |
| <input type="radio"/> FRA |                           |                                |                               |                           |

Total TSE Home Plus Rebate Amount: \$ \_\_\_\_\_

### Touchstone Energy® Home Plus Rebate

4. Incentive:

- Rebate - up to \$1,000 bonus per home

5. Home energy rating: \_\_\_\_\_

6. Home energy rating professional:

Business name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

7. Any additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Dated copy of itemized sales receipt must be included\*\***

Member certifies that the item listed in this application has been installed at the member's location served by REC. REC reserves the right to inspect home/equipment and verify this information before issuing a rebate. REC reserves the right to modify (including incentive levels) or terminate this program at any time without prior or further notice.

Member signature \_\_\_\_\_

Date  /  /

