

Mt. Wheeler Power's Member Rebates for New Home Construction Application



Completely fill out and sign. Incomplete forms will not be processed. Make a copy of this application for your records. Mail the completed application along with copy's of your itemized sales receipts to
Mt. Wheeler Power—Rebate Program, 1600 Great Basin Blvd. Ely, NV 89301

Mt. Wheeler Power Account Number: _____
 *Name (on account): _____
 Service Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____
 Email Address: _____ (Optional)
 Contractor/ Builder _____ Phone _____
 *Note: Name on receipts must match name on account.

HVAC (Heating & Air Conditioning) *Programmable Thermostat must be installed

Incentive Level	Rating	
Base Tier	13 SEER	\$1,000.00
		<u>Additional incentive per ton</u>
Tier Two	15 Seer, 12.5 EER, HSPF 8.5	\$50.00
Tier Three	16 SEER, 13 EER, No HSPF Required	\$100.00
Advanced Tier	16.5 (or higher) SEER	\$200.00

Manufacturer	Model #	Serial #	Store Purchased	SEER / TONAGE
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INSULATION INCENTIVE : All areas must meet minimum R-Value to qualify

	Rating	Square Footage	\$ Incentive
Attic Insulation	Minimum R-38 (R-54 minimum required in Vaulted Ceilings)		
Wall Insulation	Minimum R-19	Up to 1,500 sq. ft. home	\$300.00
Floor Insulation	Minimum R-19	1,501-2,500 sq. ft. home	\$500.00
		Over 2,501 sq. ft. home	\$700.00

WINDOWS & DOORS: U-Value of .35 or less

<u>Square Footage</u>	Window sticker with U-Value rating must accompany rebate application	<u>\$ Incentive</u>
Up to 1,500 sq. ft. home		\$250.00
1,501-2,500 sq. ft. home		\$400.00
Over 2,500 sq. ft. home		\$600.00

Manufacturer	Installer	Store Purchased	Date Purchased
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All of the above may require an inspected by a Mt. Wheeler Power Representative before incentive payment is made. Please contact us at 1-775-289-8981 prior to submitting your application to schedule a time and date.

Inspected by: _____ (MWP Employee Representative-Required) Date: _____

ELECTRIC RANGE / STOVE Ranges with convection oven—\$75.00 incentive payment

Manufacturer _____ Model # _____ Serial # _____ Store Purchased _____ Date Purchased _____

The following appliances must be ENERGY STAR® qualified
 Go to www.energystar.gov
 for the list of ENERGY STAR® qualified Appliances



WATER HEATING: Geo / Spring / Hybrid \$300.00

Manufacturer _____ Model # _____ Serial # _____ Store Purchased _____ Date Purchased _____

ENERGY STAR® REFRIGERATOR \$150.00 incentive payment

Manufacturer _____ Model # _____ Serial # _____ Store Purchased _____ Date Purchased _____

ENERGY STAR® CLOTHES WASHER—\$50.00 incentive payment

Manufacturer _____ Model # _____ Serial # _____ Store Purchased _____ Date Purchased _____

ENERGY STAR® DISH WASHER—\$50.00 incentive payment

Manufacturer _____ Model # _____ Serial # _____ Store Purchased _____ Date Purchased _____

For employee use only:

Rebate for :	Inspection :	Paid receipt:	Approved incentive amount:
HVAC System	_____	_____	\$ _____
Insulation	_____	_____	\$ _____
Windows/Doors	_____	_____	\$ _____
Lighting	_____	_____	_____
Electric Convection Oven	_____	_____	\$ _____
Energy Star Hot water heater	_____	_____	\$ _____
Energy Star Refrigerator	_____	_____	\$ _____
Energy Star Freezer	_____	_____	\$ _____
Energy Star Clothes Washer	_____	_____	\$ _____
Energy Star Dishwasher	_____	_____	\$ _____
			Total due to member \$ _____

I hereby certify that I am a Mt. Wheeler Power member. I certify that all information on this form is accurate. I agree to all terms and conditions for participation in this program. I acknowledge that Mt. Wheeler Power will make the final determination of any incentive that I will receive and may verify all the information provided. Policy 6.10 “Member Rebates For Energy Efficiency” is subject to change or cancel without notice, rebate funds are limited to an amount set forth by Mt. Wheeler Power Board of Directors. Please note: Mail this completed form and copy of all receipts to:

Mt. Wheeler Power—Rebate Program, 1600 Great Basin Blvd. Ely, NV 89301

Customer Signature: _____ Date: _____