|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SITE INFORMATION** | | | | | | | |
| Account Number: | |  | | | | | |
| Account Holder Name: | |  | Phone: | |  | | |
| Installation Street Address: | |  | City, State, Zip: | |  | | |
| Homeowner Name (if different): | |  | Phone: | |  | | |
| Mailing/Homeowner Address (if different): | |  | City, State, Zip: | |  | | |
| Email: | |  | | | | | |
| Qualifying Home Type:  \*Contact Utility for Multifamily | | Existing Site Built  Existing Manufactured Home | | New Manufactured Home | | | |
| **EXISTING HEAT INFORMATION** | | | | | | | |
| Eligible Existing Heating System Being Displaced (Select One) | | Electric Forced Air  DHP  Electric Zonal\* | | | | | |
| \*Includes electric, non-ducted: Ceiling cable, wall, baseboard, plug-in and an electric boiler/water heater attached to a hydronic floor heating system.  **NEW EQUIPMENT INFORMATION** | | | | | | | |
| AHRI Reference Number: |  | HSPF Rating:  (Minimum 9.0) |  | | | Installation Date: |  |
| Manufacturer: |  | Outdoor Unit Model Number: |  | | | | |
| Indoor Unit Model Number(s): |  | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **INSTALLER INFORMATION** | |  | |
| Is Company or Installer a Comfort Ready Home Contractor? For more information, please visit: <https://comfortreadyhome.com/> | | | Yes  No |
|  |

Rebate offer(s) may be changed or discontinued at any time. All warranties are offered through manufacturer not the utility, whether expressed or implied, regarding the product(s) listed above for any materials or labor associated with installation, maintenance, repair, or any energy savings associated with use. Rebate offer(s) apply to new product(s) only. Utility reserves the right to inspect installed product(s). Product(s) must meet all program criteria to qualify for rebate(s).

By signing this form, I confirm that the above information is correct to the best of my knowledge. I understand the above and certify that I am a customer of **Idaho County Light & Power**, that the product(s) are installed and operating at the location indicated and that this address is within **Idaho County Light & Power** service territory.

**Account Holder Signature**

|  |
| --- |
|  |

**Mail or email completed application and invoice to:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Paperwork Checklist**  DHP Project Information Form (this form)  AHRI Certificate  Invoice or purchase receipt showing:  Manufacturer and model number  Date  Cost | | **Idaho County Light & Power Coop**  **Attn: Rita**  **PO Box 300 Grangeville ID 83530**  **Fax: 208-983-1432**  **rholman@iclp.coop** | | |
| **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*UTILITY USE ONLY\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** | | | | |
| ECC Reference No. | Rebate | | Savings @ Busbar | Payment $/Unit |
|  |  | |  |  |