Instructions: Complete this form and submit it to the serving electric utility.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | |  | | | | | |
| Home Type: | | | Existing Site Built  Manufactured Home  Multifamily | | | | | |
| **EXISTING EQUIPMENT INFORMATION** | | | | | | | |
| The water heater being replaced uses electric resistance heat. | | | Yes  No (*If “No”, project is not eligible for rebate.*) | | | | |
| **NEW EQUIPMENT INFORMATION** | | | | | | | |
| The HPWH installed is on the Qualified Products List available at: <https://www.bpa.gov/EE/Policy/IManual/Pages/IM-Document-Library.aspx>. | | | | | Yes  No (*If “No”, project is not eligible for rebate.*) | | |
| Manufacturer: | |  | Model Number: | |  | | |
| Tier/Rebate: | | Tier 1 ($300 Rebate)  50 gal Tier 2/3 or 40 gal all tiers ($600 Rebate)  Tier 4 ($700 Rebate)  Split System ($800 Rebate) Existing or New Construction Homes | | | | | |
| Installation Location: | | | Unconditioned Space (i.e., Garage, Crawlspace)  Conditioned Space (i.e., Laundry Room, Basement) | | | | |
| **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**

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

|  |  |
| --- | --- |
| **Paperwork Checklist**  Signed HPWH Project Information Form  Invoice or purchase receipt showing:  Manufacturer and model number  Date  Cost | **Idaho County Light & Power Coop.**  **Attn: Rita Holman**  **PO Box 300, Grangeville ID 83530**  **208-983-1432**  **rholman@iclp.coop** |