



## Energy Management Department

928 Hancock Road, Bullhead City, AZ 86442

### High Efficiency Heat Pump Rebate Program Rebate Request Form

**ATTENTION CUSTOMER:** To qualify for a rebate, this completed form and a copy of the equipment sales invoice or purchase order must be returned to Mohave Electric Cooperative. Mail to the attention of Energy Management Department, P.O. Box 22530, Bullhead City, AZ, 86439 or deliver to the member service office at 928 Hancock Road, Bullhead City, AZ, 86442.

**NOTE:** UNIT MUST BE A HEAT PUMP PACKAGE UNIT, SPLIT SYSTEM OR DUCTLESS HEAT PUMP MINI-SPLIT

**Rebate amount is dependent upon SEER rating and configuration, information on both inside and outside coils must be supplied for all split systems, if this information is not provided the rebate will be denied.**

Application Completion Date \_\_\_\_\_  
Heat Pump Installation Date \_\_\_\_\_

#### **Customer Information**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Installation Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_

#### **Builder/HVAC Contractor Information**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
R.O.C. Number \_\_\_\_\_

**Rebate Payment issued to** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## Home or Business Information

Square feet (living area): \_\_\_\_\_ Year built: \_\_\_\_\_  
Existing heating system  Electric-Resistance  Heat Pump  
 Natural Gas  Propane  
Existing Cooling  None  Central Air  
 Heat Pump  Evaporative Cooler  
Dual Pane Windows  Yes  No  
Water Heater  Electric  Natural Gas  
 Propane  
Insulation R-Value Walls \_\_\_\_\_ Ceiling \_\_\_\_\_

## New Cooling Information

Configuration:  Package  Split System  Ductless Mini-Split  
Brand Name: \_\_\_\_\_  
SEER Rating \_\_\_\_\_ HSPF Rating \_\_\_\_\_  
**Model Number Condensing Unit(s):** \_\_\_\_\_  
**Model Number Indoor Unit/Coil(s)\*:** \_\_\_\_\_  
Tons: \_\_\_\_\_

## Old Equipment Information

(for existing locations)  
Configuration:  Package  Split System  
Brand Name: \_\_\_\_\_  
SEER Rating \_\_\_\_\_ HSPF Rating \_\_\_\_\_  
Condensing Unit(s): \_\_\_\_\_ Indoor Unit/Coil(s): \_\_\_\_\_  
Tons: \_\_\_\_\_ Age: \_\_\_\_\_ SEER Rating: \_\_\_\_\_

A home or business verification visit may be required for any participant. Please provide a phone number and best time to contact: Phone: \_\_\_\_\_ Contact time: \_\_\_\_\_

*\* SEER rating as established in the ARI Directory will determine rebate amount, failure to provide equipment information will void the rebate.*

QUESTIONS? Call the Energy Management Department at (928) 763-1100 or e-mail [cnixon@mohaveelectric.com](mailto:cnixon@mohaveelectric.com)



# Energy Management Department

928 Hancock Road, Bullhead City, AZ 86442

## Rebate Qualification Form

Member Name: \_\_\_\_\_ MEC Account Number: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Application: \_\_\_\_\_

### Housing Information:

Renter  Owner

How long at current residence? \_\_\_\_\_ Number of Household Occupants: \_\_\_\_\_

### Equipment Installation

#### Type of unit being Installed:

A/C Unit  Heat Pump  Mini Split

#### Status of unit:

New Installation  Replacement of Existing Unit

#### Location of installation:

Living Room  Bedroom  Entire Home  Other: \_\_\_\_\_

### Low-Income Qualification Documents: *(The federal income qualification is based on how many people live in the household and the income for all.)*

Pay stubs (last 1–3 months)  Fixed Income

Federal/State Tax Return (e.g., 1040, W-2, 1099)

Social Security / SSI / VA / Unemployment Benefit Statement

Zero-Income Certification or Self-Declaration

Benefit Award/Approval Letter (e.g., SNAP, LIHEAP, WACOG, River Fund, Medicaid)

X \_\_\_\_\_  
Signed: Member Date: \_\_\_\_\_

X \_\_\_\_\_  
Signed: MEC Energy Management Specialist Date: \_\_\_\_\_

### MEC Office Use Only

- Completed Application Form  Photos of Installed Unit
- Installation Invoice  Payment Receipt
- Low-Income Qualification Documents
- Other: \_\_\_\_\_
- Customer Notified of Approval  Customer Notified of Non-Approval