



Energy Management Department

928 Hancock Road, Bullhead City, AZ 86442

High Efficiency Heat Pump / Mini-Split 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 OR MINI-SPLIT

Rebate amount is dependent upon SEER rating, 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 / Mini-Split 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
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



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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