

City of Statesville
 Attn: Shannon Viera (704-761-2371)
 P.O. Box 1111
 Statesville, NC 28677

**NCMPA1
 Residential Rebate
 Request Form**



City/Town: _____ I.D. NUMBER _____

SECTION 1 REBATE RECIPIENT INFORMATION **SECTION 2 SERVICE ADDRESS INFORMATION**

NAME _____	LOCATION _____
MAILING ADDRESS _____	
CITY _____	
STATE _____ ZIP _____	SERVICE ACCOUNT # _____
PHONE _____	

SECTION 3 TYPE OF REBATE

APPLIANCE INSTALLED: HEAT PUMP WATER HEATER

PROPERTY TYPE : RESIDENTIAL NEW CONSTRUCTION SINGLE FAMILY

MULTI-FAMILY EXISTING CONSTRUCTION OTHER

WATER HEATER REBATE AMOUNT \$150 PER UNIT

EXISTING TYPE OF WATER HEATER REPLACED? <input type="checkbox"/> ELECTRIC <input type="checkbox"/> LP GAS <input type="checkbox"/> NAT GAS <input type="checkbox"/> OTHER	NEW WATER HEATER KW _____ NEW WATER HEATER GALLONS _____
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HEATING/COOLING SYSTEM REBATE AMOUNT VARIABLE SEE PRORGAM DESCRIPTION*

EXISTING TYPE OF HEATING SYSTEM REPLACED? _____	NEW MANUFACTURER _____
NEW HEAT PUMP SEER RATING _____	NEW AIR HANDLER MODEL # _____
NEW HEAT PUMP SIZE IN TONS _____	NEW ODU MODEL # _____
AHRI REFERENCE # _____	NEW COIL MODEL# _____

SECTION 4 BUSINESS PAYEE TAX INFORMATION

Tax Status: Corporation Partnership Individual/Sole Proprietor Exempt {Tax exempt, non-profit}

Tax ID number: EIN Federal Tax ID SSN _____

Tax Liability: Rebates are taxable if greater than \$600 for business customers, and will be reported to the IRS unless you are exempt. City/Town will report your rebate as income to you on the IRS Form 1099 unless you have checked "Corporation" or "Exempt" tax status above. You are urged to consult your tax advisor concerning the taxability of rebates. City/Town is not responsible for any taxes that may be imposed on your business as a result of receipt of this rebate.

SECTION 5 Contractor Information

Company Name _____	Contact Name/Title _____	Business Phone _____
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I certify that all equipment information is accurate. I have read and understand all information and qualification standards and understand that ElectriCities of NC, Inc. may verify all information that I have provided.

Contractor Signature _____ Date _____

SECTION 6 Customer Acceptance of Terms

I certify that I have read and understand all information and qualification standards for the High Efficiency Heat Pump Rebate Program. I attest that all information is correct. I agree to the verification of the sales transaction, and all information submitted above and to the inspection of the equipment installation by the City/Town.

Customer Signature _____ Date _____

Rebates will not be paid for incomplete applications. Did you:

<input type="checkbox"/> Include a copy of dated sales invoice?	<input type="checkbox"/> Include manufacturer documentation of efficiency ratings, if required?
<input type="checkbox"/> Sign and date the application?	<input type="checkbox"/> Fill in equipment, customer and contractor information?
<input type="checkbox"/> Have your contractor sign and date the application?	<input type="checkbox"/> Include your service account number?
<input type="checkbox"/> Retain copies of all paperwork for your records?	

For Office use only

Date Received _____ Date Approved _____ Rebate Amount(\$) _____ Authorized Signature _____

PLEASE NOTE: AHRI CERTIFICATE REQUIRED FOR HEAT PUMP REBATES

