

Instructions for Use



Determine Eligibility

Verify the utility company listed on the rebate application is your electric utility. Applications for other participating utility service providers can be found at michigan-energy.org.



Product Installation and Receipts

For products installed by the homeowner, save all receipts for all products for which you plan to request a rebate.

For products installed by a contractor, save the paid receipt/invoice provided by the contractor. Your receipt or invoice must clearly indicate the equipment type, make, model, price and date of purchase, or installation.



Complete and Submit Your Rebate Application

Be sure you fill out the application completely. Completed documentation needs to be received within 60 days of purchase or December 31, 2018, whichever is earlier. For the full program Terms and Conditions, refer to Page 5 of the application.

Requirements for Rebate Processing:

- Completed/signed copy of this form.
- Copy of sales receipt/invoice indicating:
 - ✓ Equipment type
 - ✓ Price
 - ✓ Marked paid in full
 - ✓ Manufacturer, model, and serial number
 - ✓ Date of purchase/installation

Submit your completed application and required paperwork to:

Mail: MECA EO Programs, 431 Charmany Drive, Madison, WI 53719

Fax: 608.646.7682

Email: info@michigan-energy.org

**Thank you for participating in
the Energy Optimization program.**



2018 Residential ENERGY STAR® Application Rebate Application

This application is for qualified items purchased and installed between January 1, 2018 and December 31, 2018. Complete applications must be received within 60 days of purchase.

SECTION 1: Member Information

Member Name (as it appears on electric bill):		Phone:		Email:	
Installation Address (where equipment is installed):		City:		State: MI	ZIP:
Mailing Address (if different than above):		City:		State:	ZIP:
Electric Utility Account Number (found on monthly bill):		Property Type (check all that apply): <input type="checkbox"/> Single-Family <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse <input type="checkbox"/> Other		Rental Property: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does home have central AC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary fuel for home heating (check one): <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Other _____				
Water heating fuel type: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Other _____				Check one: <input type="checkbox"/> Existing home <input type="checkbox"/> New construction	

SECTION 2: Rebate Payment Information (complete only if a rental property.)

Section A Make Rebate Check Payable to: <input type="checkbox"/> Member <input type="checkbox"/> Landlord			
Section B Complete section below only if rebate will be paid to the Contractor or Landlord			
Payee Name (as shown on income tax return):		Payee Business Name (if different than payee name):	
Payee Address:		City:	State:
State:	ZIP:		
Mail Check to: <input type="checkbox"/> Payee Address <input type="checkbox"/> Installation Address <input type="checkbox"/> Alternate Address (complete below):			
Alternate Pay Address (optional):		City:	State:
State:	ZIP:		
Payee Federal Tax Classification (check ONE only): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor/Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other tax exempt organization or government agency			
Payee Taxpayer Identification Number (TIN) (must match payee legal name above): FEIN #: _____ - _____ OR SSN: _____ - _____ - _____			
Certification: the following certifications are required in order for this form to substitute for the IRS form W-9. Under penalties of perjury, I certify that: 1. The payee's TIN is correct. 2. The payee is not subject to backup withholding due to failure to report interest and dividend income. 3. The payee is a U.S. citizen. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.			
Payee Signature:	Print Name:	Title:	Date:

SECTION 3: Requirements for Rebate Processing

- Completed and signed copy of this form.
- Sign Page 5 of this application.
- Copy of recent utility bill.
- Copy of sales receipt/invoice indicating:
 - ✓ Equipment type
 - ✓ Price
 - ✓ Marked paid in full
 - ✓ Manufacturer, model and serial number
 - ✓ Date of purchase/installation

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED FOR PAYMENT
NOTIFICATION OF PROBLEMS WITH INCOMPLETE APPLICATIONS WILL BE SENT VIA EMAIL OR U.S. MAIL.
APPLICANTS WILL BE GIVEN 30 CALENDAR DAYS TO RESPOND BEFORE APPLICATION IS DEEMED INELIGIBLE.
APPLICATIONS MUST BE RECEIVED WITHIN 60 DAYS OF PURCHASE AND/OR INSTALLATION OF MEASURES.

Submit your completed application to: MECA EO Programs, 431 Charmany Drive, Madison, WI 53719 Fax: 608.646.7682 Email: info@michigan-energy.org



2018 Residential ENERGY STAR® Rebate Application



SECTION 4: Electric Measures Products must be new and in working condition. Refurbished products are not eligible for incentives.

Eligible Items	Program Qualifications	Date Installed	Rebate Amount	Quantity	Total Rebate*
LED Exterior Fixture	ENERGY STAR® qualified. Limit 12 per install address. <input type="checkbox"/> 1-bulb fixture <input type="checkbox"/> 2-or more bulb fixtures Manufacturer: _____ Model #: _____		\$10		\$
Ceiling Fan	Must include ENERGY STAR LED light kit. Limit 12 per install address. Manufacturer: _____ Model #: _____ Serial #: _____		\$25		\$
Advanced Power Strip - Tier 1	Power strip must include at least one uncontrolled socket to which a primary device is connected. Limit 2 per install address. Manufacturer: _____ Model #: _____		\$20		\$
Occupancy Sensor - (for Lighting Control)	Limit 6 per install address. Manufacturer: _____ Model #: _____ Serial #: _____		\$15		\$
Dehumidifier	ENERGY STAR qualified. Limit 4 per install address. Manufacturer: _____ Model #: _____ Serial #: _____		\$75		\$
Room Air Conditioner	ENERGY STAR qualified. Limit 4 per install address. Manufacturer: _____ Model #: _____ Serial #: _____		\$50		\$
Room Air Purifier	ENERGY STAR qualified. Limit 1 per install address. Manufacturer: _____ Model #: _____ Serial #: _____		\$50		\$
Refrigerator	ENERGY STAR qualified. Limit 1 per install address. Compact fridge excluded. <input type="checkbox"/> Side by Side <input type="checkbox"/> Top Freezer <input type="checkbox"/> Bottom Freezer <input type="checkbox"/> Single Door Manufacturer: _____ Model #: _____ Serial #: _____		\$200		\$
Chest Freezer or Upright Freezer	ENERGY STAR qualified. Limit 1 per install address. Manufacturer: _____ Model #: _____ Serial #: _____		\$75		\$
Dishwasher	ENERGY STAR qualified. Limit 1 per install address. Water Heater Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas Manufacturer: _____ Model #: _____ Serial #: _____		\$75		\$
TV	21"-50". ENERGY STAR qualified. Limit 4 per install address. Manufacturer: _____ Model #: _____ Serial #: _____ Screen Size (inches): _____		\$50		\$
TV	51"+. ENERGY STAR qualified. Limit 4 per install address. Manufacturer: _____ Model #: _____ Serial #: _____ Screen Size (inches): _____		\$100		\$

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Personal Computer	ENERGY STAR qualified. Laptop not included. Limit 2 per install address. Manufacturer: _____ Model #: _____		\$50		\$
Wi-Fi Enabled or Smart Occupancy-Sensing Thermostat	May replace existing programmable or non-programmable thermostat. Must feature Wi-Fi connectivity and/or occupancy-sensing capability, such as motion sensors and/or GPS geofencing with setback. Thermostat must control an HVAC system with an air conditioner and/or electric heat. Limit 1. Manufacturer: _____ Model #: _____		\$75		\$
Clothes Washer	ENERGY STAR qualified. Limit 1 per install address. Water Heater Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas Dryer Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas Manufacturer: _____ Model #: _____ Serial #: _____		\$125		\$
Clothes Dryer	Must be electric. Must have a moisture sensor or be ENERGY STAR qualified.** Limit 1 per install address. Manufacturer: _____ Model #: _____ Serial #: _____		\$125		\$
Washer/Dryer Combo Bonus	Combination purchase must meet qualifications listed for washer and dryer. Limit 1 per installed address.		\$75		\$
* Rebate cannot exceed purchase price. ** Auto-dry not eligible.			TOTAL REQUESTED:		\$



2018 Residential ENERGY STAR® Rebate Application



Terms and Conditions

APPLICATION: This application and any required additional documentation, including the invoice, must be filled out completely, truthfully, and accurately. Members are advised to retain a copy of this application and any accompanying documentation submitted to HomeWorks Tri-County Electric Cooperative under this program. HomeWorks Tri-County Electric Cooperative and its contractors will not be responsible for lost documentation pertaining to this application request. Details of this program, including rebate levels, are subject to change or cancellation without prior notice. This application with required documentation must be received within 60 days of the installation's completion. Please visit michigan-energy.org for the most up-to-date details.

LIMITED FUNDS: Funds for rebates are limited and available on a first-come, first-served basis. Rebate amounts are valid through December 31, 2018. HomeWorks Tri-County Electric Cooperative reserves the right to not pay this rebate if funds are not available at the time of application approval, or if the form and all required additional information are not filled out completely and accurately. Rebate amount may not exceed purchase price.

ELIGIBILITY: This offer is valid for HomeWorks Tri-County Electric Cooperative residential members applying through the Energy Optimization Residential ENERGY STAR program only. Members applying for a rebate must receive electricity distribution service from HomeWorks Tri-County Electric Cooperative. This offer is not valid for commercial properties. Equipment must be installed in the HomeWorks Tri-County Electric Cooperative service territory. Eligible equipment can be found on Pages 3 and 4 of this application. Rebates are limited per eligible measure/unit as listed on Pages 3 and 4.

APPROVAL, VERIFICATION, AND INSPECTION: Prior to any payment of rebates, HomeWorks Tri-County Electric Cooperative reserves the right to verify sales transactions. Members and/or their Contractor will verify that the installed energy saving measures meet all applicable building codes, zoning laws, local, state, and federal requirements, and other relevant requirements. Member/Contractor is responsible for any applicable permits as required by aforementioned code/law. Outdoor temperatures may affect this verification process. Member's home may also be selected for a quality control post-installation inspection by the Electric Cooperative. No warranty is implied by this inspection.

PROOF OF PURCHASE: A receipt itemizing the purchased equipment must accompany each Energy Optimization ENERGY STAR Rebate Application Form. The receipt must indicate the equipment type, make, model, price, and the date of purchase.

PAYMENT: Please allow up to six to eight weeks for payment. Payment processing may take longer if information is missing on the application. Please contact the Energy Optimization program if you have any questions about your rebate.

TAX LIABILITY: HomeWorks Tri-County Electric Cooperative will not be responsible for any tax liability that may be imposed on the member as a result of the payment of rebates. Please contact your tax advisor for more information.

NO ENDORSEMENT: HomeWorks Tri-County Electric Cooperative does not endorse any particular manufacturer, product, system design, claim, or contractor in promoting this program.

INFORMATION RELEASE: Member agrees that HomeWorks Tri-County Electric Cooperative may include their name, address, account number, services, and resulting energy savings ("Information") in a database hosted by a contractor of HomeWorks Tri-County Electric Cooperative, and such Information may be included in reports or other documentation submitted to HomeWorks Tri-County Electric Cooperative, and/or the Michigan Public Service Commission ("Reports"). HomeWorks Tri-County Electric Cooperative will treat such Information as confidential and the Information in the Reports shall only be in the aggregate.

RELEASE/INDEMNIFICATION: Payment of rebates under the Program and/or evaluation of applications for rebates shall not deem HomeWorks Tri-County Electric Cooperative or any of its affiliates, employees, or agents ("Electric Cooperative Parties") to be responsible for any work completed in connection herewith. Applicant fully releases the Electric Cooperative Parties from any and all claims it may have against the Electric Cooperative Parties in connection with this application, the rebates, or the work performed in connection with them. In addition, applicant agrees to defend, indemnify, and hold the Electric Cooperative Parties harmless from and against any and all claims, losses, demands, or lawsuits by any third parties arising in connection with this application, the payment or non-payment of rebates, or any work performed in connection with them.

DISCLAIMER: NEITHER HOMEWORKS TRI-COUNTY ELECTRIC COOPERATIVE NOR ANY OF ITS AFFILIATES GUARANTEES THE ENERGY SAVINGS OR MAKES ANY WARRANTIES ASSOCIATED WITH THE MEASURES ELIGIBLE FOR INCENTIVES UNDER THIS PROGRAM. HOMEWORKS TRI-COUNTY ELECTRIC COOPERATIVE HAS NO OBLIGATIONS REGARDING, AND DOES NOT ENDORSE OR GUARANTEE, ANY CLAIMS, PROMISES, WORK, OR EQUIPMENT MADE, PERFORMED, OR FURNISHED BY ANY CONTRACTOR OR EQUIPMENT VENDOR THAT SELLS OR INSTALLS ANY ENERGY EFFICIENCY MEASURES. HOMEWORKS TRI-COUNTY ELECTRIC COOPERATIVE MAKES NO WARRANTIES OR REPRESENTATIONS OF ANY KIND, WHETHER STATUTORY, EXPRESS, OR IMPLIED, INCLUDING WITHOUT LIMITATIONS, WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE REGARDING THE CENTRAL AIR CONDITIONING, OR FURNACE EQUIPMENT PROVIDED BY A MANUFACTURER OR VENDOR. CONTACT YOUR CONTRACTOR FOR DETAILS REGARDING EQUIPMENT PERFORMANCE AND WARRANTIES. HOMEWORKS TRI-COUNTY ELECTRIC COOPERATIVE HAS NO OBLIGATION TO MAKE ANY INCENTIVE DESCRIBED HEREIN UNLESS CERTAIN MINIMUM REQUIREMENTS OF THE PROGRAM HAVE BEEN MET AND FUNDS ALLOCATED FOR SUCH INCENTIVES ARE AVAILABLE FOR DISTRIBUTION.

PROPERTY RIGHTS: Member represents that they have the right to complete and/or install the energy-saving measures on the property on which those measures are completed and/or installed, and that any necessary landlord's consent has been obtained.

MEMBER'S CERTIFICATION: Member certifies that they have purchased and installed the equipment listed on the other side of this application at the defined location. Member agrees that all information is true.

Signature

The Residential Rebate Application cannot be processed unless all of the appropriate fields on this application are complete. Please be sure you have read the Terms and Conditions of this application. I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS ABOVE. I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT AND THE PRODUCT(S) AND/OR EQUIPMENT FOR WHICH I AM REQUESTING A REBATE MEETS THE REQUIREMENTS IN THIS APPLICATION.

Member Signature:

Print Name: