

HVAC REBATE PROGRAM APPLICATION

MEMBER INFORMATION

As shown on Wheatland Bill

First Name: _____ Last Name: _____

Account #: _____

Is this a landlord account? Is this a rental property?

Installation Street Address: _____

City: _____ State: _____ Zip: _____

County: _____

PO Box/Mailing Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____ Secondary Phone #: _____

Email: _____

Sqft. Of Home: _____ Age of Home (Years): _____ Installation Date: _____

All required documents must be received within 60 days of installation.

CHECKLIST

Incomplete rebate forms will NOT be accepted. Did you:

Include a copy of your dated receipt or contractor invoice that details all installed equipment information, including brand, model # and serial number?

Include your WECE account #?

Complete all customer and installed equipment information?

Sign and date the rebate?

Ensure that AHRI reference numbers match on all units?

For contractors submitting applications on behalf of a WECE member, did you:

Include the Member Authorization form?

CONTRACTOR INFORMATION

Company Name: _____ Contact Name: _____

EIN/Tax #: _____ Phone #: _____

Fax #: _____ Email: _____

EQUIPMENT INFORMATION

NEW UNIT 1:

A/C with Gas Furnace A/C with Electric Furnace Heat Pump Ground Source Mini-Split A/C Mini-Split Heat Pump

AHRI Reference #: _____

AFUE Rating #: _____

Required for Gas Furnace (If AFUE Rating is not on your AHRI Certificate, contact your contractor for this information)

Condenser Model #/ Ground Source HP #: _____

Condenser Serial #: _____

Evaporator Model #: _____

Evaporator Serial #: _____

SEER: _____ EER: _____ BTUH: _____

HSPF: _____ Tons: _____

Program guidelines minimum HSPF is 8.2

Fields below are for Ground Source Heat Pump units only

COP: _____ Check this box if this unit has a desuperheater?

Program guidelines minimum COP is 3.1

REPLACED UNIT 1:

A/C with Gas Furnace Heat Pump Ground Source A/C with Electric Furnace

Age of Unit: _____ Seer: _____ EER: _____

HVAC REBATE PROGRAM APPLICATION

EQUIPMENT INFORMATION

NEW UNIT 2:

A/C with Gas Furnace A/C with Electric Furnace Heat Pump Ground Source Mini-Split A/C Mini-Split Heat Pump

AHRI Reference #: _____

AFUE Rating #: _____

Required for Gas Furnace (If AFUE Rating is not on your AHRI Certificate, contact your contractor for this information)

Condenser Model #/ Ground Source HP #: _____

Condenser Serial #: _____

Evaporator Model #: _____

Evaporator Serial #: _____

SEER: _____ EER: _____ BTUH: _____

HSPF: _____ Tons: _____

Program guidelines minimum HSPF is 8.2

Fields below are for Ground Source Heat Pump units only

COP: _____ Check this box if this unit has a desuperheater?

Program guidelines minimum COP is 3.1

REPLACED UNIT 1:

A/C with Gas Furnace Heat Pump Ground Source A/C with Electric Furnace

Age of Unit: _____ Seer: _____ EER: _____

APPLICANT ACKNOWLEDGEMENT

By signing this form, the Member affirms that the information reflected here is accurate to the best of his or her knowledge and that falsification or reporting of incorrect information on this form is grounds for denial of the rebate.

Member Signature: _____ Date: _____

**AHRI CERTIFICATE WITH A SIGNED AND DATED INVOICE
INCLUDING COST OF THE UNIT MUST ACCOMPANY THIS APPLICATION.**

**MEMBER AUTHORIZATION FORM MUST ALSO ACCOMPANY THIS APPLICATION IF
IT IS BEING SUBMITTED BY A CONTRACTOR ON BEHALF OF A WECI MEMBER**

MAIL TO:

Wheatland Electric Cooperative Inc.
Attn: Teresa
PO Box 1446
Great Bend, KS 67530

FAX TO:

620-872-8762

EMAIL TO:

rebate@weci.net

Please allow 6 to 8 weeks for processing.