

Mail to: PO Box 312 - Rockwell City, IA 50579
For more information: 712-297-7112 or 800-821-4879
www.calhounrec.coop

Rebate Application

For Office Use	Only		
Total Rebate			
Amount:			

Program Criteria

- ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE
- Complete this form along with the specific product rebate form
- Rebate application along with required documentation must be submitted within 6 months of purchase

Member	Information
Member Name	Address
City - State - Zip	Account Number
Phone (include area code: sample - 999-999-9999)	Email
Rebate Unit Inst	allation Information
Please answer questions based on t	he location where the unit was installed.
Location Installed	Structure Type
Same as above Other	Single Family Residence
(complete below)	Farm Outbuilding
Address	Business
City - State - Zip	Multi-Family Unit: apt/condo/duplex/etc.
	Rebate Unit Installed In
Install Date	New Construction Existing Structure
	Ownership
	Owned Leased
	ble) or Purchased From
Business Name	Contact Name
	Phone
Sity State - Lip	THORE



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Insulation and Weatherization Rebate For Office Use Only Total Rebate Amount: Ceiling Foundation Wall Duct

Program Criteria - All Information Must Be Completed To Receive Rebate

Weatherization

Existing homes only (not new construction)
 Materials only (no labor)
 May be installed by member or professional
 For residences and outbuildings
 Radiant barriers not eligible
 If no electric heat meter or central air conditioning - no rebate
 Maximum rebate is per structure per year
 Rebate application along with documentation must be submitted within 6 months of purchase

Member or	Account				
Business Name	Number				
HVAC Type (required) Insul	ation Infiltration Control/Weatherization or Duct Insulation				
Metered electric heat and central A/C 40% of	cost \$600 max/yr 40% of cost \$200 max/yr				
Metered electric heat/no central A/C 40% of	cost \$600 max/yr 40% of cost \$200 max/yr				
Non-electric heat and central A/C 20% of	cost \$300 max/yr 20% of cost \$100 max/yr				
In	sulation				
Must increase insulation levels to: Ceilings - R38, Foundations - R10, Walls - R19					
Area(s) Installed Location: (all that apply)	Insulation Amount Spent (materials only)				
Ceilings Foundations Walls					
Infiltration Control/Weatherization					
Weatherization includes weatherstripping, foam sealing, window wrap, etc.					
Weatherization Amount Spent (materials only)	, , , , , , , , , , , , , , , , , , ,				
Duct Insulation					
Duct insulation for ducts in non-conditioned spaces only					
Duct Insulation Amount Spent (materials only)					
HVAC Information					
Primary Heating System Geothermal heat pump Air source heat pump Blectric-central/zoned Natural gas/propane	Primary Cooling System Geothermal heat pump Air source heat pump Central Air				

DATED COPY OF ITEMIZED SALES RECEIPT MUST BE INCLUDED. Member certifies that the item listed in this application has been installed at the member's location served by REC. REC reserves the right to inspect home/equipment and verify this information before issuing a rebate. REC

Date

reserves the right to modify (including incentive levels) or terminate this program at any time without prior or further notice.

Member Signature