HEAT PUMP SYSTEM

Incentive Application to Hastings Utilities

GENERAL INFORMATION		
Customer Name (First, Middle Initial, Last):	Installation Address:	
Mailing Address (Street, City, Zip):	Phone Number (Home) _____ Phone Number (Work) _____	
Equipment Purchased From:	Date of Installation:	How old is this Dwelling (years): _____
Is this Dwelling a (check one): ☐ New Home	☐ Existing Home	

REBATE GUIDELINES

1. Applications will only be processed if fully completed and signed. Once completed, return your application and copy(s) of proof-of-purchase to customerservice@cityofhastings.org or mail to Hastings Utilities, ATTN: Customer Incentive Program, PO Box 289, Hastings, NE 68902.

2. INCENTIVE OFFER: All rebates are provided on a *FIRST COME FIRST SERVED* basis and subject to availability of funding. Rebates will only be issued during the program year of purchase and installation of equipment.

4. APPROVAL & VERIFICATION: Hastings Utilities reserves the right to verify sales transactions and inspect installation projects prior to and after installation.

5. ISSUING INCENTIVES: Equipment must be purchased and installed before an incentive is issued. Falsifying any information may lead to cancellation of this and future reimbursements.

SECTION 1 - OLD AIR CONDITIONER INFORMATION

Was there an old air conditioner in this house?	Number of old air conditioners:
☐ YES (complete the rest of this section) ☐ NO (go to Section 2)	_____

For each old air conditioner, complete **one** (1) of the following:

- Item a, or
- Items b and c, or
- Items d through g

		AIR COND. 1	AIR COND. 2
a.	Rated EER or SEER	_____	_____
b.	Manufacturer	_____	_____
c.	Outdoor Model #	_____	_____
d.	Rated Btuh Capacity	_____	_____
e.	Rated Voltage	_____	_____
f.	Compressor Full Load Amperes	_____	_____
g.	Condenser Fan Full Load Amperes	_____	_____

OFFICE USE ONLY	High Efficiency SEER base: _____

SECTION 3 – HEAT PUMP SYSTEM INFORMATION

Number of Heat Pumps Installed: _____	Brand Name of Heat Pump:

		System 1	System 2
Complete the following for each Heat Pump System:	a. Outdoor Unit Model #	_____	_____
	b. Indoor Coil Model #	_____	_____
	c. Check only one:		
	Air Source SEER:	_____	_____
	HSPF:	_____	_____
	Water Source or Ground Coupled EER:	_____	_____
	COP:	_____	_____
	d. Cooling Capacity	_____ Btuh	_____ Btuh

SECTION 2 - Supplemental Heat

(Check the type of furnace that is connected to the Heat Pump and complete the information below)

GAS FURNACE

Natural Gas Propane

	System 1	System 2
Brand Name	_____	_____
Model #	_____	_____
Efficiency (AFUE)	_____%	_____%
Capacity (Btuh)	_____	_____

ELECTRIC FURNACE

	System 1	System 2
Brand Name	_____	_____
Model #	_____	_____
Total kW	_____	_____
No. of Stages	_____	_____
kW per stage	_____	_____

Outdoor Thermostat ☐ Single ☐ Double

OTHER

(describe – Solar, etc.)

_____
_____
_____
_____
_____

SECTION 3 – ELECTRIC SERVICE PANEL REPLACEMENT INCENTIVE PAYMENT

Complete this section to request an incentive payment for replacing an existing electric service panel. You must have replaced the panel as part of the installation of an electric resistance heating system for your heat pump.
Attach a copy of the Sales Invoice or "Proof of Purchase" for the new electric service panel. THIS INCENTIVE PAYMENT DOES NOT APPLY TO NEW HOME CONSTRUCTION.

Date of Installation (month, day, year): _____	Panel Purchased From: _____

SECTION 5 – CUSTOMER AGREEMENT

I hereby certify that: (1) the information contained in this application is accurate and complete; (2) all installation is complete and the unit(s) is operational prior to submitting application; (3) all rules of this incentive program have been followed; and (4) I have read and understand the terms and conditions applicable to this incentive program as outlined under Rebate Guidelines and to the Conditions for Payment under the City of Hastings Incentive Programs.

I agree to verification of equipment installation which may include a site inspection by a program or utility representative. I agree to indemnify, defend, hold harmless and release Hastings Utilities from any claims, damages, liabilities, costs and expenses (including attorneys' fees) arising from or relating to the removal, disposal, installation or operation of any equipment or related materials in connection with the programs described in this application, including any incidental special or consequential damages.

_____	_____	_____
Customer Signature	Print Name	Date

TO BE COMPLETED BY HASTINGS UTILITIES

DATE REVIEWED: _____ AMOUNT TO BE REIMBURSED: $_____

APPROVED BY: _____TITLE: _____