



Bellefonte Residents' Energy Rebate Application

ELIGIBILITY: To participate in the program, the applicant must be the registered owner of a separately metered, detached single family, residence where the product/equipment is installed. Attached units are duplexes, condominiums, and townhouses. New construction, multifamily units and commercial properties are not eligible for rebates under this program. Rebate payments will only be made to the owner of record. Products/equipment must be installed in the state of Delaware. Eligible products/equipment is listed at EnergizeDelaware.org.

APPROVAL, VERIFICATION AND INSPECTION: Prior to any payment of rebates, the **Bellefonte Green Zone and their agents (BGZ)** reserve the right to verify sales transactions. Participant's 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. Contractor is responsible for any applicable permits as required by aforementioned code/law. Outdoor temperatures may affect this verification process. Participant's home may also be selected for a quality control post-installation or service inspection by **(BGZ)**. No warranty is implied by this inspection.

PROOF OF PURCHASE: An invoice itemizing the installed products must accompany each Rebate Application. For HVAC equipment installations, the equipment must meet the Energize Delaware Homes Heating and Cooling Rebate program equipment efficiency requirements and be installed by an approved Heating and Cooling program contractor. The HVAC equipment invoice must indicate the equipment manufacturer, type, make, model, serial number, price, and date of installation. The contract for the installation of HPWES energy efficient measures must include a detailed scope of work indicating the home location, installation date, and all Program relevant measures (e.g. insulation levels, infiltration reduction, duct sealing, window replacement, door replacement, HVAC repair/installation, lighting, and water heating equipment measures (type, make, model, and serial numbers), and associated cost of each measure.

HEALTH AND SAFETY: During the audit process, any health and safety issues that are identified, including but not limited to carbon monoxide, asbestos, mold, and lead will need to be rectified prior to any work being completed in the home. The auditing contractor will need to have verification that the proper remediation has been completed prior to start of the recommended work in your home. No rebates will be paid until proof that any health and safety issues have been resolved.

PAYMENT: Please allow 6–8 weeks for payment upon application approval. Payment processing may take longer if information is missing from the online application. Please contact your contractor for the latest status of rebate applications submission. Once contractor confirms that rebate application is approved, please visit EnergizeDelaware.org or call **888-316-8033**, if you have any questions about your rebate.

TAX LIABILITY: **(BGZ)** will not be responsible for any tax liability that may be imposed on the participant as a result of the payment of rebates. Please contact your tax advisor for more information.

SCANNED: Scanned original documents transmitted to **(BGZ)** as an attachment via electronic mail shall be the same as delivery of the original signed document. At the request of **(BGZ)**, Participant shall confirm documents with a facsimile transmitted signature or a scanned signature by providing the original document.

ENDORSEMENT: **(BGZ)** does not endorse any particular manufacturer, product, system design, claim, or contractor in promoting this program.

INFORMATION RELEASE: Participant agrees that the Program may include Participant's name, services and resulting energy savings in reports or other documentation submitted to **(BGZ)**, and/or the Delaware Energy Office. **(BGZ)** will treat all other information gathered in evaluations as confidential and report it only in the aggregate.

LIMITATION OF LIABILITY: **(BGZ)**'s and its agents liability is limited to paying the rebate specified. **(BGZ)** and its agents ARE NOT LIABLE FOR ANY CONSEQUENTIAL OR INCIDENTAL DAMAGES, OR FOR ANY DAMAGES IN TORT CONNECTED WITH OR RESULTING FROM PARTICIPATION IN THIS PROGRAM. **(BGZ)** reserves the right to not pay this rebate if the rebate application is not filled out completely and accurately.

WARRANTIES: **(BGZ)** AND its AGENTS DO NOT WARRANT THE PERFORMANCE OF INSTALLED EQUIPMENT, PRODUCTS OR SERVICES PERFORMED, EXPRESSLY OR IMPLICITLY. **(BGZ)** and its makes no warranties or representations of any kind, whether statutory, expressed, or implied, including without limitations, warranties of merchantability or fitness for a particular purpose regarding any energy efficiency measure provided by a manufacturer or vendor. Contact your contractor for details regarding equipment/measure performance and warranties.

PROPERTY RIGHTS: Participant represents that he/she has the right to complete and/or install the energy-saving measures on the property on which those measures are completed.

OWNER’S CERTIFICATION: Owner certifies that he/she has purchased and installed the eligible improvement measures and equipment listed in the contract agreement at the defined location on the specified date. Owner agrees that all information is true and that he/she has conformed to all program and equipment requirements listed.

Signatures

Bellefonte Residents’ Energy Rebate Application cannot be processed unless the Energize Delaware HPwES Performance Path online rebate application is complete and all supporting documentation has been submitted online by the contractor. Please be sure you have read the Terms and Conditions of this form as it relates to the Energize Delaware HPwES Performance Path online application. By signing this form, I certify that I purchased the products, services, and/or qualified equipment noted above for the service address below. I am providing the requested information solely to be eligible to participate in **(BGZ)**’s rebate program and request that the personal information supplied by me be treated as confidential to the maximum extent possible. *Approval valid for 4 months from Date Approved (see gray box below). All work must be completed and application submitted by the expiration date or participant must re-apply to Bellefonte.

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS ABOVE. I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT AND THE EQUIPMENT FOR WHICH I AM REQUESTING A REBATE MEETS THE REQUIREMENTS OF THE APPLICATION AS LISTED IN THE TERMS AND CONDITIONS SIGNATURE FORM. CONTRACTOR AGREES TO FURNISH CUSTOMER WITH A COPY OF THIS DOCUMENT, SERVICE CONTRACT, AND CONTRACTOR INVOICE INDICATING ALL INSTALLED PRODUCTS, EQUIPMENT (TYPE, MAKE, MODEL AND SERIAL NUMBERS), DATE OF INSTALLATION AND TOTAL CONTRACT PRICE.

Contractor Bellefonte Rebate Calculation

Total Cost of all Measures Installed: _____ X 40% = _____ (Requested Rebate)

* Signed contractor scope of work must be attached

Customer

Contractor

By signing this form, I agree to all of the Terms and Conditions of this Agreement. By submitting this form, I agree to all of the Terms and Conditions of this Agreement.	By signing this form, I agree to all of the Terms and Conditions of this Agreement. By submitting this form, I agree to all of the Terms and Conditions of this Agreement.
Homeowner Name:	Company Name:
Street Address:	Street Address:
City/State/ZIP:	City/State/ZIP:
County:	County:
Telephone #:	Telephone #:
Customer Name: (Print Name)	Contractor Name: (Print Name)
Customer Signature:	Contractor Signature
Date:	Date:

All information on this form must be completed accurately and in its entirety. Any errors, omissions, or exclusions will delay the processing and payment of rebates.

Bellefonte OFFICE USE ONLY:
 Authorized Signature _____
 *Date Approved _____
 Funds Approved: _____