



"We Care"

HVAC Rebate Form



Fill out each section that applies. Attach the requested documentation and return to Clearwater Power.
Any questions can be directed to member services 888-743-1501. For more information go to www.clearwaterpower.com

Name: _____ CPC Acct#: _____

Service Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Phone Number: (____) _____ - _____ Email: _____

Heat Pump Rebate Information: All installations must be performed by a certified installer/contractor, and meet all requirements.

- Geothermal Heat Pump - \$3000** (IGSHPA *and* PTCS; New systems)
- Ductless Heat Pump:** Zonal-\$800, Electric FAF-\$1000, New-\$700 Except WA; (HSPF- 9.0 min; NWDHP installer)
- Ductless H.P. Multi:** Zonal-\$1000, Electric FAF-\$1200 (HSPF- 8.2 min; NWDHP installer; Existing Site-built Only)
- Electric Furnace to Heat Pump - \$1400 / \$1600** Variable Speed (9 HSPF/14 SEER ; PTCS; Existing Homes Only)
- Heat Pump Upgrade or Fuel Switching- \$500 / \$700** Variable Speed (9 HSPF/14 SEER ; PTCS; New or Existing Homes)
- Duct Sealing:** Manufactured - \$200; Existing Site-built - \$250 (PTCS or Prescriptive)

Home: Year Built: _____ Manufactured Constructed

Previous System(s) (Check all that apply): Electric Forced-Air Furnace Zonal Electric (baseboard, etc.)

Air Conditioning Lower Efficiency Heat Pump Other: _____

I want my rebate: As a credit on my account; In the form of a check.

Required Paperwork for processing:

1. Invoices / Receipts with model numbers
2. AHRI certificate
3. Proof of previous system (pictures, if requested)
4. Calculation form (Ducted)
5. PTCS paperwork (Ducted)

I hereby request an incentive for the above listed item(s) and agree to the BPA terms and conditions.
I understand that final approval will be determined by Clearwater Power Company.

Signature _____ Date _____

This section for office use only

AP Vendor: 9990 Customer#: _____

G/L#: 90810.7 or 90813.7(WA) Invoice#: _____ **HP**

Description: _____ Amount: \$ _____

Description: _____ Amount: \$ _____

Processed by: _____ Authorized Signature: _____ Date: _____ Total: \$ _____

Send to: Clearwater Power Company
PO Box 997
Lewiston, ID 83501

Or Fax: (208) 746-3902 Attn: Greg Hansen
Email: GHansen@ClearwaterPower.com

Updated Oct. 2017