



"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](http://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-\$700ID, \$400OR; (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)
  - Electric Furnace to Heat Pump - \$800 / \$1000** Variable Speed (9 HSPF/14 SEER ; NON -PTCS; Existing Homes Only)
  - Heat Pump Upgrade or Fuel Switching-** \$500 / \$700 Variable Speed (9 HSPF/14 SEER ; PTCS; New or Existing Homes)

Home: Year Built: \_\_\_\_\_ Estimated Sq. Ft.: \_\_\_\_\_  Manufactured: # of sections 1, 2, 3

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. PTCS form and calculation paperwork (Only)

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](mailto:GHansen@ClearwaterPower.com)

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