

2017 Residential Application for Lighting and Appliance Incentives



Instructions for Use

For more detailed instructions, please refer to the Terms and Conditions section included with this application. Please call **800.573.3503** for questions about the application.



Determine Eligibility

Verify that you are a BWL residential electric customer before completing this application. This application is for qualified items purchased between January 1, 2017, and December 31, 2017.



Product Installation and Receipts

For products installed by the homeowner, save all receipts for products that you plan to request a rebate for.

For products installed by a contractor, save the paid receipt/invoice provided by the contractor. Your receipt or invoice must clearly indicate the equipment type, make, model, price and date of purchase or installation.



Complete and Submit Your Rebate Application

Be sure you fill out the application completely. Completed documentation needs to be received within 60 days of purchase or December 31, 2017, whichever is earlier. For the full program Terms and Conditions please refer to page 4 of the application.

Requirements for Rebate Processing

- Completed/signed copy of this form
- Copy of sales receipt/invoice indicating:
 - ✓ Equipment type
 - ✓ Price
 - ✓ Marked paid in full
 - ✓ Manufacturer, model, and serial number
 - ✓ Date of purchase/installation

Submit your completed application and required paperwork to:

Mail: Hometown Energy Savers® Residential Program
PO Box 4246, East Lansing, MI 48826

Fax: 608.646.7682

Email: hometownenergysavers@michiganenergyoptions.org

**Thank you for participating in the
Hometown Energy Savers residential program.**



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This application is for qualified items purchased and installed between January 1, 2017, and December 31, 2017. Complete applications must be received within 60 days of purchase or December 31, 2017, whichever is earlier.

I. Customer Information

Customer Name (as it appears on electric bill):		Phone:		Email Address:	
Installation Address (where equipment is installed):		City:		State: MI	ZIP:
Mailing Address (if different than above):		City:		State:	ZIP:
Electric Utility Account Number (found on monthly bill):	Property Type (check all that apply): <input type="checkbox"/> Single-Family <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse <input type="checkbox"/> Other			Rental Property: <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, complete Section II.)	

II. Rebate Payment Information (Complete only if a rental property.)

Section A Make Rebate Check Payable to: <input type="checkbox"/> Customer (skip to Page 3) <input type="checkbox"/> Landlord					
Section B Complete section below only if rebate will be paid to the Contractor or Landlord					
Payee Legal Name (as shown on income tax return):			Payee Business Name (if different than payee legal name):		
Payee Legal Address:			City:	State:	ZIP:
Mail Check to: <input type="checkbox"/> Payee Legal Address <input type="checkbox"/> Job Site Address <input type="checkbox"/> Alternate Address (complete below):					
Alternate Pay Address (optional):			City:	State:	ZIP:
Payee Federal Tax Classification (check ONE only): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor/Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other tax exempt organization or gov't agency					
Payee Taxpayer Identification Number (TIN) (Must match payee legal name above): FEIN #: _____ - _____					
Certification: the following certifications are required in order for this form to substitute for the IRS form W-9. Under penalties of perjury, I certify that: 1. The payee's TIN is correct 2. The payee is not subject to backup withholding due to failure to report interest and dividend income, and 3. The payee is a U.S. citizen or permanent resident The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.					
Payee Signature: /s/	Print Name:	Title:	Date:		

Requirements for Rebate Processing

<input type="checkbox"/> Completed and signed copy of this form
<input type="checkbox"/> Copy of sales receipt/invoice indicating:
<input type="checkbox"/> Equipment type
<input type="checkbox"/> Price
<input type="checkbox"/> Marked paid in full
<input type="checkbox"/> Manufacturer, model and serial number
<input type="checkbox"/> Date of purchase/installation

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED FOR PAYMENT
NOTIFICATION OF PROBLEMS WITH INCOMPLETE APPLICATIONS WILL BE SENT VIA EMAIL OR U.S. MAIL.
APPLICANTS WILL BE GIVEN 60 CALENDAR DAYS TO RESPOND BEFORE APPLICATION IS DEEMED INELIGIBLE.
APPLICATIONS MUST BE RECEIVED WITHIN 60 DAYS OF PURCHASE AND/OR INSTALLATION OF MEASURES.

Submit your completed application to: Hometown Energy Savers Residential Program, PO Box 4246, East Lansing, MI 48826
 Fax: 608.646.7682 Email: hometownenergysavers@michiganenergyoptions.org

Electric Measures Products must be new and in working condition. Refurbished products are not eligible for incentives. Not applicable for new construction.

Eligible Items	Program Qualifications	Date Installed	Rebate Amount	Quantity	Total Rebate*
Outdoor LED Fixture	ENERGY STAR® qualified. Limit 12 per install address. <input type="checkbox"/> 1-bulb fixture <input type="checkbox"/> 2-or more bulb fixture Manufacturer: _____ Model #: _____		\$10		
Indoor LED Fixture	Must be DLC qualified. Limit 12 per install address. <input type="checkbox"/> 1-bulb fixture <input type="checkbox"/> 2-or more bulb fixture Manufacturer: _____ Model #: _____		\$10		
4' linear LED Pin Base Replacement Bulb	ENERGY STAR qualified. Limit 12 per install address. Manufacturer: _____ Model #: _____		\$3		
Smart Power Strip	Power strip must include at least one uncontrolled socket to which a primary device is connected. Limit 2 per install address. Manufacturer: _____ Model #: _____		\$10		
Activity Monitor Power Strip (Tier 2 Level)	Power strip must include active power down feature and/or sensors. Limit 2 per install address. Manufacturer: _____ Model #: _____		\$20		
Ceiling Fan	ENERGY STAR qualified. Must have LED light kit. Limit 12 per install address. Manufacturer: _____ Model #: _____ Serial #: _____		\$15		
Room Air Conditioner	ENERGY STAR qualified. Limit 4 per install address. Manufacturer: _____ Model #: _____ Serial #: _____		\$50		
Dehumidifier	ENERGY STAR qualified. Limit 4 per install address. Manufacturer: _____ Model #: _____ Serial #: _____		\$75		
Dishwasher	ENERGY STAR qualified. Limit 1 per install address. Water Heater Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas Manufacturer: _____ Model #: _____ Serial #: _____		\$75		
Air Purifier	ENERGY STAR qualified. Limit 1 per install address. Manufacturer: _____ Model #: _____ Serial #: _____		\$25		
Clothes Washer	ENERGY STAR qualified. Limit 1 per install address. Water Heater Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas Manufacturer: _____ Model #: _____ Serial #: _____		\$100		
Clothes Dryer	Must be electric. Must have a moisture sensor or be ENERGY STAR qualified** Limit 1 per install address. Manufacturer: _____ Model #: _____ Serial #: _____		\$100		
Refrigerator	ENERGY STAR qualified. Limit 1 per install address. Compact fridge excluded. <input type="checkbox"/> Side by Side <input type="checkbox"/> Top Freezer <input type="checkbox"/> Bottom Freezer <input type="checkbox"/> Single Door Manufacturer: _____ Model #: _____ Serial #: _____		\$100		
Chest Freezer or Upright Freezer	ENERGY STAR qualified. Limit 1 per install address. Manufacturer: _____ Model #: _____ Serial #: _____		\$50		
TV	21" or larger ENERGY STAR qualified. Limit 4 per install address. Manufacturer: _____ Model #: _____ Serial #: _____ Screen Size (inches): _____		\$75		
TOTAL REQUESTED:					

* Rebate cannot exceed purchase price.

** Auto-dry not eligible.

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Fax: 608.646.7682 Email: hometownenergysavers@michiganenergyoptions.org

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Certifications and Signature

I hereby certify that: 1. The information contained in this application is accurate and complete; 2. All rules of this incentive program have been followed; and 3. I have read and understand the terms and conditions of this application.

I agree to verification of equipment installation which may include a site inspection by a BWL representative. I understand that I am not allowed to receive more than one incentive from this program for any one piece of equipment unless otherwise specified. I hereby agree to indemnify, hold harmless and release the utility from any actions or claims in regard to the installation, operation and disposal of equipment (and related materials) covered herein, including liability from any incidental or consequential damages.

Confidentiality Statement:

I understand that my submittal of the above requested information is for the sole purpose of my program participation. I further understand that this information will be treated as confidential to the extent permitted by law.

Please sign and complete all information below. Customer signature is required for payment.

Signature: /s/	Print Name:
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To receive your Cash-Back Incentive:

1. Purchase and install qualified products.
2. For advanced electric clothes dryer, you must attach a copy of the specification sheet(s) that show electric clothes dryer has moisture sensor component or ENERGY STAR qualified.
3. Send a copy of the dated invoice receipt showing model and/or SKU number for the unit(s) with the purchase price circled.
4. Include a completed and signed application with all other required materials. Incomplete applications or applications submitted without other required materials will be denied.
5. A check for your incentives will be mailed to you for qualified products. Please allow 6 to 8 weeks to receive your incentive check from the time your application is received by the Hometown Energy Savers Residential Program.

Terms and Conditions:

This offer is valid only for Lansing Board of Water & Light residential electric customers for a limited time. Offer is good while funds are available and is on a first-come, first-served basis. Program begins January 1, 2017, and ends December 31, 2017. Completed documentation needs to be received within 60 days of purchase or December 31, 2017, whichever is earlier. Register receipt/invoice will be used to verify purchase date and/or installation of qualified equipment. Products must be new and operational. Refurbished products are not eligible for incentives. Incentives not applicable to new construction. Offer redeemable by mail, email or fax. The Lansing Board of Water & Light reserves the right to withdraw or change this offer without notice. Rebates may not exceed purchase price. Ineligible rebates are subject to denial or repayment to program. The program is not responsible for applications lost, damaged or not received. Call 800.573.3503 or visit lbwl.com/energysavers to find out more about how you can save energy and money.

Incomplete applications will not be accepted for payment. Please submit a completed and signed copy of this form, along with a copy of the paid sales receipt/invoice indicating the equipment type, make, model and serial number, price, and date of purchase/installation to: Hometown Energy Savers Residential Program, PO Box 4246, East Lansing, MI 48826 **Fax:** 608.646.7682 **Email:** hometownenergysavers@michiganenergyoptions.org

