

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, 2016 and December 31, 2016.



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. For the full program Terms and Conditions please refer to page 3 of the application.

Requirements for Rebate Processing:

- Completed/signed copy of this form
- Copy of sales receipt/invoice indicating:
 - equipment type manufacturer, model and serial number
 - price 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: 608.249.0339

Email: hometownenergysavers@michiganenergyoptions.org

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



Residential Application for Lighting and Appliance Incentives



This application is for qualified items purchased and installed between January 1, 2016 and December 31, 2016. Complete applications must be received within 60 days of purchase.

I. Customer Information

Customer Name (as it appears on electric bill):		Phone:	Email:	
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 <input type="checkbox"/> Landlord				
Section B Complete section below only if rebate will be paid to the Contractor or Landlord				
Payee Name (as shown on income tax return):		Payee Business Name (if different than payee name):		
Payee Address:	City:	State:	Zip Code:	
Mail Check to: <input type="checkbox"/> Payee Address <input type="checkbox"/> Installation Address <input type="checkbox"/> Alternate Address (complete below):				
Alternate Pay Address (optional):	City:	State:	Zip Code:	
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) (Complete ONE only. Must match payee legal name above) FEIN #: _____ - _____ OR SSN: _____ - _____ - _____				
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:	Print Name:	Title:	Date:	

REQUIREMENTS FOR REBATE PROCESSING:

<input type="checkbox"/> COMPLETED PAGES 1-3 OF THIS REBATE APPLICATION <input type="checkbox"/> SIGN PAGE 3 OF THIS APPLICATION <input type="checkbox"/> COPY OF THE SALES RECEIPT/INVOICE INDICATING: <input checked="" type="checkbox"/> EQUIPMENT TYPE <input checked="" type="checkbox"/> MANUFACTURER, MODEL AND SERIAL NUMBER <input checked="" type="checkbox"/> PRICE <input checked="" type="checkbox"/> DATE OF PURCHASE / DATE OF INSTALLATION <input checked="" type="checkbox"/> MARKED PAID IN FULL

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED FOR PAYMENT
 NOTIFICATION OF PROBLEMS WITH INCOMPLETE APPLICATIONS WILL BE SENT VIA EMAIL OR US 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: 608.249.0339 Email: hometownenergysavers@michiganenergyoptions.org

Electric Measures Products must be new and in working condition. Not applicable for new construction.

Eligible Items	Program Qualifications	Date Installed	Rebate Amount	Quantity	Total Rebate*
CFL Fixture	ENERGY STAR compliant. Limit 12 per install address. <input type="checkbox"/> 1-bulb fixture <input type="checkbox"/> 2-or more bulb fixture <input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor Manufacturer: _____ Model #: _____		\$10		
Outdoor LED Fixture	ENERGY STAR compliant. 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	ENERGY STAR compliant. Limit 12 per install address. <input type="checkbox"/> 1-bulb fixture <input type="checkbox"/> 2-or more bulb fixture Manufacturer: _____ Model #: _____		\$5		
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		
Ceiling Fan	Must have ENERGY STAR light kit. Limit 12 per install address. Manufacturer: _____ Model #: _____ Serial #: _____		\$10		
Room Air Conditioner	ENERGY STAR compliant. Limit 4 per install address. Manufacturer: _____ Model #: _____ Serial #: _____		\$25		
Dehumidifier	ENERGY STAR compliant. Limit 4 per install address. Manufacturer: _____ Model #: _____ Serial #: _____		\$25		
Dishwasher	ENERGY STAR compliant. Limit 1 per install address. Water Heater Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas Manufacturer: _____ Model #: _____ Serial #: _____		\$25		
Clothes Washer	ENERGY STAR compliant. Limit 1 per install address. Water Heater Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas Manufacturer: _____ Model #: _____ Serial #: _____		\$25		
Clothes Dryer	Must be electric. Must have a moisture sensor.** Limit 1 per install address. Manufacturer: _____ Model #: _____ Serial #: _____		\$25		
Refrigerator	ENERGY STAR compliant. Limit 1 per install address. <input type="checkbox"/> Side by Side <input type="checkbox"/> Top Freezer <input type="checkbox"/> Bottom Freezer <input type="checkbox"/> Single door Manufacturer: _____ Model #: _____ Serial #: _____		\$25		
Chest Freezer	ENERGY STAR compliant. Limit 1 per install address. Manufacturer: _____ Model #: _____ Serial #: _____		\$25		
TV	21"-50". ENERGY STAR compliant. Limit 4 per install address. Manufacturer: _____ Model #: _____ Serial #: _____ Screen Size (inches): _____		\$25		
TV	51"+. ENERGY STAR compliant. Limit 4 per install address. Manufacturer: _____ Model #: _____ Serial #: _____ Screen Size (inches): _____		\$50		
			TOTAL REQUESTED:		

* Rebate cannot exceed purchase price.

** Auto-dry not eligible.

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Fax: 608.249.0339 **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 included with this document.

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. 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:	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.
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, 2016 and ends December 31, 2016. Register receipt/invoice will be used to verify purchase date and/or installation of qualified equipment. Products must be new and operational. 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: 608.249.0339 **Email:** hometownenergysavers@michiganenergyoptions.org

