

RESIDENTIAL GEOTHERMAL HEAT PUMP Rebate Claim Form



| Requirements Checklist | |
|-----------------------------------|--|
| All boxes must be checked: | |
| 1 | Invoice(s) attached, showing: <ul style="list-style-type: none"> • Full model number and manufacturer • Cost • Completion date • Installation site address |
| 2 | Unit Energy Star -rated |
| 3 | Installed in a: <ul style="list-style-type: none"> • 1- to 4-unit residential building located in Maine (for upgrades completed before 8/1/2023) • single-family, duplex, or condominium located in Maine (for upgrades completed 8/1/2023 or after) |
| 4 | Installed in primary living area, not a garage or outbuilding |
| 5 | Rebate claim form emailed or postmarked within six months of project completion |
| 6 | Installed by a geothermal Efficiency Maine Residential Registered Vendor |
| 7 | Building is principal, year-round residence for occupants, not a seasonal, second, or vacation home |
| Check when applicable: | |
| 8 | W-9 attached if the home is owned by a business and the business is the rebate recipient |

NOTE: Lifetime limit is one geothermal rebate per condominium or building. Program subject to change without notice.

| | | | | | | | | |
|---|--|----------|---------|--------------------------------|-------|--------------------|-------|--|
| Homeowner Name: | | | | | | | | |
| Installation Address: | Address | | Town | | State | ME | Zip | |
| Mailing Address: | Address | | Town | | State | | Zip | |
| Homeowner Email Address: | | | | | | | | |
| Homeowner Phone Number: | | | | | | | | |
| Building Type: | single-family duplex condominium 3-unit installed before 8/1/23 4-unit installed before 8/1/23 | | | | | | | |
| Replaced Heating Fuel (if any): | Oil | Kerosene | Propane | Natural Gas | Wood | Electricity | Other | |
| Geothermal Heat Pump Manufacturer | | | | | | | | |
| Model Number | | | | | | | | |
| Installation cost before rebate | | | | \$ | | | | |
| Rebate (1/3 total project cost up to \$3,000 rebate) | | | | \$ | | | | |
| Rebate Recipient: | | | | Homeowner Registered Vendor | | | | |
| Residential Registered Vendor Company Name: | | | | | | | | |
| SIGNATURES. Please sign below to commit to help Efficiency Maine conduct an inspection and to certify that all information on this claim form is correct. | | | | | | | | |
| Yes, I'm interested in a free, independent inspection by Efficiency Maine | | | | | | | | |
| Registered Vendor Signature: | | | | Date: | | ____ / ____ / ____ | | |
| Homeowner Signature: | | | | Date: | | ____ / ____ / ____ | | |

Please submit by email: hesp@efficiencymaine.com OR Mail: PO Box 219, Brunswick, ME 04011-0219

Please allow 6 weeks for rebate processing.

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