RESIDENTIAL WEATHERIZATIONRebate Claim Form



Homeowner Name:	Street Address:
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Requirer	Requirements Checklist							
All boxes	All boxes must be checked:							
1	Insulation installed in a Maine: (check one) single-family, OR duplex, OR condominium (number of units in building:), OR manufactured (mobile) home, OR mixed-use building with one or two housing units and no commercial electical meter(s)							
2	Insulated space heated the entire heating season							
3	Rebate claim form emailed or postmarked within six months of project completion							
4	Upgrade completed by an Efficiency Maine Residential Registered Vendor							
5	Upgrade was not part of the construction of a new home or addition							
6	Homeowner EITHER: • Paid total project cost (and then received rebate), OR • Paid difference between total project cost and rebate amount							
7	Weatherization Requirements Checklist attached							

Check when applicable 8 W-9 attached if the home is owned by a business and the business is the rebate recipient (one-time requirement)

Additional Requirements for Low- and Moderate-Income Customers							
1	Building is owner's principal residence						
2	Customer eligibility verified prior to claim submission (check one): Low Income - Customer participates in MaineCare, TANF, SNAP, or HEAP Moderate Income - Customer has Adjusted Gross Income of up to \$70,000 for single filers or \$100,000 for joint filers						

RESIDENTIAL WEATHERIZATIONRebate Claim Form



Customer Information											
Homeowner Name:											
Installation Address:	Address				Town			State	ME	Zip	
Mailing Address:	Address				Town			State		Zip	
Homeowner Email Address:											
Homeowner Phone Number:											
Primary Heating Fuel:	Oil	Kerosene	Propane	Natural	Gas	Wood	Electricity	O	ther		
Natural Gas Utility (if applicable):	Bange	or Maine	Summit	Unitil							

Upg	Upgrade Details							
Blower Door Test Results Test results are required for all projects (exception: when test might cause health and safety issue). If applicable, note health and safety issue below. Pre-Upgrade CFM50 CFM50								
#	Upgrade Type	Location (attic, wall, basement, underbelly)	Square Feet Insulated	Pre-Upgrade R-Value	Post-Upgrade R-Value	Cost		
1	Air Sealing	Not Applicable	N/A	N/A	N/A	\$		
2	Insulation					\$		
3	Insulation					\$		
4	Insulation					\$		
5	Health & Safety	When calculating rebate, health & saj	d insulation project cost.	\$				

Reb	ate Calculation	
1	Total Project Cost (add rows 1 - 6 in "Upgrade Details" section, above)	\$
2	Rebate Percentage Low Income = 80% Moderate Income = 60% Any Income = 40%	%
3	Unadjusted Rebate Amount (multiply row 1 by row 2)	\$
4	Lifetime Limit (per condominium or building)* Low Income lifetime limit = \$8,000 in insulation and air sealing rebates Moderate Income lifetime limit = \$6,000 in insulation and air sealing rebates Any Income lifetime limit = \$4,000 in insulation and air sealing rebates	\$
5	Previous Insulation and Air Sealing Rebates Issued for This Building or Condominium	\$
6	Remaining Balance of Lifetime Limit (row 4 minus row 5)	\$
7	Requested Rebate Amount (enter row 3 or row 6, whichever is less)	\$

	Project Completion Date:			
	Rebate Recipient:	Homeowner Re Rebates for low-income cu		gistered Vendor ent to the vendor
Residential Registered V	endor Company Name (and branch, if applicable):			
SIGNATURES. Please sign below to certify that a	ll information on this claim form is correct, all work has	been completed, and to commi	to help Efficier	cy Maine conduct an inspection.
Registered Vendor Signature: Date:				
Homeowner Signature:		Date:		

Weatherization Requirements Checklist



Homeowner Name:	Street Address:

Health and Safety Requirements (all rows must be checked)						
Yes	N/A	#	Requirement			
		1	Carbon monoxide detector observed in living space if a combustion appliance exists within the home or if there is an attached garage			
		2	Upon project completion, all open combustion appliance flues tested for spillage during worst-case house depressurization (all exhaust fans and furnace turned on, flue dampers and doors to rooms with no exhaust fans and/or supply registers closed) and reported to homeowner if flue gas spillage did not stop within: • 2 minutes if appliance is warm • 5 minutes if appliance is cold			
		3	Advised homeowner to investigate any potentially asbestos-containing materials observed			
		4	Knob and tube wiring was either (1) not observed in space insulated, (2) removed, (3) found to be inactive, or (4) not a health and safety risk (air sealing only-upgrades)			
		5	Any dryer, bathroom, or kitchen fans that are vented into the upgraded space have been directly vented outdoors			
		6	If exposed ground or water is observed outside of basement sump pump pit, then homeowner notified of risks before upgrade started			
		7	Mechanical ventilation recommended			
		8	Pre- and post-upgrade blower door tests conducted*			
		9	Customer notified of foam off-gassing occupancy restrictions			
		10	Code-approved fire protection added to foam insulation installed as part of rebated work scope			
		11	Flammable materials installed as part of upgrade separated from chimneys, flue pipes, and non-IC-rated recessed lights by non-flammable materials			
		12	At-risk pipes where work is performed are protected from freezing			
		13	Radon mitigation system present or radon test recommended			

^{*} Required unless BPI recommends against (mold, asbestos, vermiculite, etc.)

Atti	Attic Insulation Requirements (if attic insulation was part of upgrade, all rows must be checked)						
Yes	N/A	#	Requirement				
		1	Attic penetrations (chimney, wire, pipe, duct, vents, drywall gaps) that are a part of insulated area were sealed				
		2	Attic insulated using one or more of following applications: Open attic insulated to at least R-49 with blown-in insulation Enclosed cavities filled to capacity with dense-pack insulation Minimum 5" closed-cell spray foam used to insulate all surfaces Closed-cell spray foam applied to within 1.5" of full depth of cavities that were subsequently enclosed				
		3	Baffles secured over exterior walls to separate insulation from ventilated eaves				
		4	Accesses through thermal boundary are insulated and air leakage is limited				
		5	Attic access protected by dam when blown-in insulation is used				

Homeowner Name:	Street Address:
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Wa	Wall Insulation Requirements (if wall insulation was part of upgrade, all rows must be checked)						
Yes	N/A	#	Requirement				
		1	 Walls insulated using one or more of following applications: Cavities filled: to capacity with either dense-pack insulation or open-cell spray foam with at least 2" of closed-cell spray foam with at least 2" rigid foam insulation (sealed along perimeter and at seams) Walls covered by minimum 2" rigid foam insulation (applied over the studs, and sealed along perimeter and at seams) 				

Basement Insulation Requirements* (if basement insulation was part of upgrade, all rows must be checked)					
Yes	N/A	#	Requirement		
		1	Accessible penetrations (chimney, wire, pipe, duct, vents, flooring gaps) that are a part of insulated area were sealed		
		One or more of following applications was used to insulate the:			
			1. Basement:		
			 a. Foundation walls insulated from 2 feet below grade to underside of first floor (including sill and band joist) with minimum 2" rigid or closed-cell spray foam 		
			b. Floor cavities insulated:		
		2	 to capacity with dense-pack insulation, OR with at least 2" of foam (open-cell, closed-cell, or rigid) 		
			2. Mobile home underbelly:		
			a. Underbelly filled to capacity with blown-in fiberglass		
			b. Minimum 2" closed-cell spray foam applied to subfloor, ducts, and pipes		
			c. Minimum 2" rigid insulation fastened to floor joists and sealed along perimeter and at seams		
			Mobile home skirting insulation not rebate-eligible.		

^{*} Applies to basements, crawlspaces, mobile home underbellies, or other unconditioned space directly below a conditioned living area

Residential Registered Vendor Signature Please certify that all information on this checklist is correct by signing below.						
Residential Registered Vendor:						
Employee Name (please print):						
Signature:	DElyra	Date:				