

2017 Residential Rebate Program

Iowa: Residential Customers

Rebate Checklist

Get your rebate check faster by checking off these easy steps before mailing your application form. Incomplete applications may be delayed.

- Completely fill out application (mandatory)**
- Free walkthrough, Tier 1 or Tier 2 evaluation completed, if applicable (evaluation required for insulation, infiltration, doors and end of life replacement for water heater)
- Attach all receipts (original or copies)
- Review Terms and Conditions and sign and date application
- Make and retain copies of all documents and applications
- Dealer portion completely filled out and signed (if applicable)
- Send all documents to correct address listed on application (sending application to the billing address will delay your rebate)

Important

A final itemized invoice for all materials, labor and taxes related to the Rebate Application must be attached. All equipment must be new. No reconditioned or used equipment would qualify for rebates. For Envelope Measure Retrofit and end of life water heater replacement a pre-qualifying energy evaluation from Black Hills Energy must also be attached.

Verification

The sales receipt indicating date of purchase, dealer/contractor name, manufacturer name and model number of equipment must accompany the rebate application. Incomplete applications will be delayed. Black Hills Energy reserves the right to verify sales receipts and installations. After approval, please allow four to six weeks for delivery of the rebate check.

Tax Information

Rebates may be subject to federal and/or state income tax reporting. Applicant is responsible for contacting a qualified tax advisor to determine tax liability. Black Hills Energy is not responsible for any tax consequences of the rebate program.

Disclaimer

Black Hills Energy does not guarantee that installation of equipment qualifying for rebates will result in reduced energy usage or demand, or in cost savings. The Customer will hold harmless Black Hills Energy and its officers, directors, shareholders, agents, employees, and representatives from all claims, liabilities, fines, interest, costs, expenses, and damages incurred by the Customer, for any damage, injury, death, loss or destruction of any kind to persons or property, to the extent the damage, injury, death, loss or destruction arises out of or is related to the conduct, negligence, willful misconduct, misrepresentation, breach of warranty or other breach of this rebate form on the part of Black Hills Energy.

Terms and Conditions

General Eligibility

1. Applicant must be a current Iowa residential natural gas customer of Black Hills Energy.
2. **Purchase and installations must be completed between Jan. 1, 2017 and Dec. 31, 2017. Applications for work done in 2017 must be received by Jan. 31, 2018.**
3. Rebates are available for equipment installed in heated living spaces only. Equipment installed in garages or shops are not eligible for rebates.
4. Black Hills Energy Residential Evaluation is required for eligibility for envelope measures and storage water heater replacement before end of life rebates. Homes must be 10 years old or older to be eligible for home evaluations. Contact Black Hills Energy for details and attach a copy of the evaluation results to this rebate form. Call 888-567-0799 to schedule energy evaluation.
5. Applications will be processed on a first-come, first-served basis. The program will end when the budget is depleted. Funds are limited.
6. This program is subject to regulatory rules and orders, and Black Hills Energy reserves the right to change or to end any portion of this program without notice.
7. To avoid delay, the dealer invoice returned with your rebate application must include manufacturer, model and serial number, efficiency rating and date of installation. Equipment cost, labor and tax must be itemized. Labor charges for self-installed jobs are not eligible for rebates.
8. Where applicable, energy-efficiency ratings must comply with those listed in the Air-Conditioning, Heating, and Refrigeration Institute (AHRI) directory found at www.ahridirectory.org
9. **Checks will be made payable to customer shown on invoice.**
10. To qualify for the rebate, heating equipment must meet minimum efficiency requirements as listed in this application and Black Hills Energy must provide the main heat source fuel. Heat Pumps are considered the main heat source regardless of settings so no heating or envelope measure rebates would be eligible when a Heat Pump is present.
11. For clothes washer rebates, customer must have a natural gas water heater.
12. Include a copy of original invoice to qualify for clothes washer rebate. New ENERGY STAR or qualified clothes washer rebate cannot exceed purchase price. ENERGY STAR washer must be currently listed on www.ENERGYSTAR.gov.
13. Financing is offered in lieu of energy efficiency rebates for space heating equipment. You have a choice of financing or a rebate, not both. For financing information please call 800-519-3571.

Qualifying Equipment for Rebates

HIGH-EFFICIENCY APPLIANCES		
Equipment Type	Efficiency Requirement	Rebate Amount
ENERGY STAR or qualified standard clothes washer	■ MEF \geq 2.0 and WF \leq 6.0	\$50
Natural Gas Fireplaces	■ \geq 70% AFUE, intermittent ignition, heat rated thermostatic control and blower	\$250

NATURAL GAS WATER HEATING		
Equipment Type	Efficiency Requirement	Rebate Amount
Storage Water Heater	■ \geq 0.67 EF	\$150
Storage/Condensing/Tankless Water Heater	■ \geq 0.80 EF or \geq 90% TE and \geq 40 gallon	\$300
Storage Water Heater -Replacement before end of life*	■ \geq 0.67 EF & \leq 11 years old	\$425

INNOVATIVE SPACE & NATURAL GAS WATER HEATING TECHNOLOGIES		
Equipment Type	Efficiency Requirement	Rebate Amount
Integrated Space & Water Heater	■ \geq 84% CAE or 95% boiler & indirect fired water heater	\$375
Multi-Zone Thermostats	■ Individual room temperature control for major occupied rooms	\$450

HIGH-EFFICIENCY NATURAL GAS FORCED AIR FURNACES & BOILERS		
Equipment Type	Efficiency Requirement	Rebate Amount
Furnace	■ \geq 94% AFUE (Additional \$100 for customers who have their furnaces SAVE certified.)	\$400 / \$500 SAVE certified
Furnace	■ \geq 96% AFUE (Additional \$100 for customers who have their furnaces SAVE certified.)	\$600 / \$700 SAVE certified
Boiler \leq 300 kBTUH	■ \geq 95% AFUE	\$600
Duct Repair/Sealing	■ \leq 8 CFM25 per 100 sq. ft. of conditioned space for ducts in unconditioned space (duct blaster test required).	70% of cost up to \$200

SETBACK THERMOSTAT & NATURAL GAS FURNACE/BOILER MAINTENANCE (For retrofit homes only, new construction is not eligible.)		
Equipment Type	Efficiency Requirement	Rebate Amount
Setback Thermostat	■ Programmable thermostat; 5-1-1, 5-2 or 7-day (Self-installed)	Up to \$20
Setback Thermostat	■ Programmable thermostat; 5-1-1, 5-2 or 7-day (Professionally installed)	Up to \$50
Wi-Fi Programmable Thermostat	■ Wi-Fi	Up to \$50
Furnace/Boiler Maintenance	■ For furnaces/boilers	Up to \$50
Combined Service	■ Furnace/boiler maintenance & professionally installed qualified setback thermostat	Up to \$150

ENVELOPE MEASURE RETROFIT* (Retrofit only, new construction or new additions not eligible for rebate.)		
Equipment Type	Efficiency Requirement	Rebate Amount
Insulation (Ceiling)	■ \geq R-49	70% of cost up to \$750
Insulation (2x4 Wall)	■ \geq R-13	70% of cost up to \$750
Insulation (2x6 Wall)	■ \geq R-20 or R-13 w/R-5 sheathing	70% of cost up to \$750
Insulation (Floor)	■ \geq R-30**	70% of cost up to \$750
Insulation (Basement/Foundation Wall)	■ \geq R-15	70% of cost up to \$750
Insulation (Rim and Band Joist)	■ \geq R-10	70% of cost up to \$750
Infiltration Control (weather-stripping, caulking, etc.)	■ \leq 7.0 ACH50 and blower door required	70% of cost up to \$200
Thermal Door	■ ENERGY STAR door (R-4.8 or U-0.20)	\$10

RESIDENTIAL PRESCRIPTIVE BUNDLE (Rebates are paid out quarterly)		
Equipment Type	Efficiency Requirement	Rebate Amount
Rebate Bundle	■ 10% bonus incentive on top of rebate package if minimum of three residential prescriptive measures are installed within the program year	10% of total incentives received

Customer Information

(To be completed by customer)

Account Number

(Located in upper right-hand corner of Black Hills Energy natural gas bill)

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Name (if different) _____
(Please print)

Name on Account _____

Installation Address _____

City _____ State _____ ZIP _____

Telephone (Day) _____
(Evening) _____

Customer Name/Address where rebate check should be sent, if different than account:

Name _____

Address _____

City _____ State _____ ZIP _____

Email _____

Where did you learn about our rebates?

- Bill insert Billboard Door Hanger Email Event
 Facebook Flyer Newspaper Article Print Ad
 Radio TV Twitter Website Youtube

Other (please specify) _____

Referral by: Evaluator Contractor/Dealer/Installer

Friend/Family Other (please specify) _____

Customer Agreement

I certify that all equipment listed has been purchased and installed at the installation address indicated. I agree to the Terms And Conditions in this brochure. Black Hills Energy reserves the right to inspect installations before and/or after paying rebates.

Signature _____

Date _____

Mail completed application and itemized invoices to:

Black Hills Energy
c/o Energy Efficiency Programs
P.O. Box 5167, Des Moines, IA 50305

ADDITIONAL INFORMATION

For more information or to download additional applications
visit www.bheSaveMoney.com
or call our toll-free help line at **888-567-0799**.

Facility information (Mandatory)

(To be completed by contractor/installer or homeowner)

Note: Envelope measures installed in a new addition would not qualify for a rebate.

Type of Facility: New Existing Addition

Single-family Multi-family Manufactured

Year Built _____ Square Footage _____ Own Rent

Equipment Type: New Replacement

Space Heating Type:

Does home have a heat pump? Yes No

Forced Air Furnace Approximate age of old unit _____

Boiler Approximate age of old unit _____

Electric Heat/Other Approximate age of old unit _____

Central Air: Yes No Approximate age of old unit _____

Water Heating Fuel: Natural Gas Electric Other
Approximate age of old unit _____

Clothes Dryer Fuel: Natural Gas Electric Other/N/A
Approximate age of old unit _____

Certification

(To be completed by dealer/contractor or installer)

We certify that the indicated equipment was installed per the Terms and Conditions of this program at the address shown. All Terms and Conditions of the program have been met. We certify that all equipment information provided in the application is correct. Black Hills Energy reserves the right to inspect and verify any equipment before or after issuing rebates. Attach copy of all invoices and related materials to rebate form.

Dealer/Contractor Name _____

Dealer Address _____

City _____

State _____ ZIP _____

Telephone _____

Fax _____

Email _____

Dealer/Contractor Signature _____

Self-Installed (Homeowner)

Equipment Information

(To be completed by dealer/contractor/installer.) Complete information for the applicable rebate you are applying for:

Water Heater Replacement	Innovative Space & Water Heating	Furnace/Boiler Replacement
Date Installed _____ Mfr. Name _____ Model # _____ Serial # _____ AHRI Cert. # _____ Capacity Gal. _____ Gallons Per Hour (GPH for tankless) _____ Energy EF/TE Rating _____ Current tank size _____ End of Life Replacement Energy evaluation recommendation attached (Must be less than 11 years old. Approx age of old unit _____) Old tank size _____ Old equipment <input type="checkbox"/> Storage <input type="checkbox"/> Tankless Old unit EF rating _____	<input type="checkbox"/> Multi-Zone Thermostat <input type="checkbox"/> Integrated Space & W/H Date Installed _____ Mfr. Name _____ Model # _____ Serial # _____ Rated Efficiency (AFUE/CAE%) _____ Furnace/Boiler Maintenance Approx age of system _____ yrs Date of Maintenance _____ Current Combustion Efficiency _____ CE after maintenance _____ Capacity of unit (Btu/hr) _____ Check Below to validate required services completed: <input type="checkbox"/> Inspect fan blower/motor exposed vent/ gas pipe & fittings <input type="checkbox"/> Test/inspect system controls <input type="checkbox"/> Clean/adjust burners & pilots <input type="checkbox"/> Inspect & change filter if needed <input type="checkbox"/> Visually inspect Heat Exchanger <input type="checkbox"/> Check thermostat operation & settings	<input type="checkbox"/> Furnace <input type="checkbox"/> Boiler Date Installed _____ <input type="checkbox"/> AHRI Cert. # _____ Mfr. Name _____ Model # _____ Serial # _____ BTUH Input _____ Rated Efficiency (AFUE) _____ Duct Repair/Sealing Linear ft of duct _____ CFM results _____ (Premises with one to four units, and manufactured homes, are eligible.)
Infiltration Measures	Setback Thermostat	Envelope Measures
Date Installed _____ Type _____ Pre ACH level _____ Post ACH level _____ Efficiency of existing heating system _____ Blower Door Pre-test _____ Post-test _____	<input type="checkbox"/> Self-Installed <input type="checkbox"/> Professionally Installed <input type="checkbox"/> 5-1-1 <input type="checkbox"/> 5-2 <input type="checkbox"/> 7-day <input type="checkbox"/> Wi-Fi Thermostat controls: <input type="checkbox"/> Natural Gas Heating System <input type="checkbox"/> Other Date Installed _____ Mfr. Name _____ Model # _____	Date of Installation _____ Date of Evaluation _____ Heating Efficiency AFUE _____ Distribution efficiency _____ Insulation (space 1) Attic, Wall, Floor, etc. Location _____ Sq Ft _____ Initial R-Value _____ Final R-Value _____ Insulation (space 2) Attic, Wall, Floor, etc. Location _____ Sq Ft _____ Initial R-Value _____ Final R-Value _____ Insulation (space 3) Attic, Wall, Floor, etc. Location _____ Sq Ft _____ Initial R-Value _____ Final R-Value _____ For Basement Insulation: <input type="checkbox"/> Conditioned <input type="checkbox"/> Unconditioned <input type="checkbox"/> Spray foam/rigid foam <input type="checkbox"/> Studs/cavity insulation Height basement wall above and below grade _____ Length of basement wall _____ Prior R-Value of wall _____
ENERGY STAR or qualified Clothes Washer	Natural Gas Fireplace	Thermal Door
Date Installed _____ Brand _____ Model # _____ Serial # _____ Capacity _____ Efficiency of Unit _____ IWF or CEE Tier _____ Natural gas W/H? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Front Load <input type="checkbox"/> Top Load	Date Installed _____ Brand _____ Model # _____ Serial # _____ Efficiency of unit _____ Output capacity _____ Intermittent Ignition <input type="checkbox"/> Yes <input type="checkbox"/> No Thermostatic Control <input type="checkbox"/> Yes <input type="checkbox"/> No Blower <input type="checkbox"/> Yes <input type="checkbox"/> No	R/U-Value _____