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| ***Logo, company name  Description automatically generated*** | | | | | **Appliances &**  **Appliance Recycling** | | | | | | |
| *This institution is an equal opportunity provider.* | | | | | **2022 Energy Efficiency Incentive Form** | | | | | | |
| **ELIGIBILITY CRITERIA** | | | | | | | | | | | |
| * New appliance must be on cooperative’s lines. Recycled appliance must have been removed from service on cooperative’s lines. * New and recycled appliances must be electric. * Incentive not to exceed the appliance cost. Appliance recycling qualifies for the entire incentive, regardless of the recycling cost. * Incentives are in place through December 31, 2022. Funds are limited so submit required documentation as soon as possible. * Required documentation must be submitted within 3 months of purchase or recycle date. * Additional eligibility criteria may apply. Program is subject to change or cancellation without notice. Contact cooperative for details. * Required documentation listed below must be submitted no later than 3 months after purchase or recycle date. * This incentive form * A copy of your receipt or invoice for each item with purchase price(s) circled * ENERGY STAR label for each item, if applicable * For recycled appliances, include documentation showing appliance was in working order prior to recycling   **Submit required documentation to**:  **Allamakee-Clayton Electric Cooperative**  **PO Box 715**  **Postville, IA 52162-0715 | email:** [**rwagner@acrec.coop**](mailto:rwagner@acrec.coop) | | | | | | | | | | | |
| **MEMBER INFORMATION** *(Please fill out entire section)* | | | | | | | | | | | |
| Member Name | | | | Email    *Email addresses will be used for cooperative communication only.* | | | | | | | |
| Address | | | | Account | | | Phone | | | | |
| City | | State | Zip Code | Date | | | Member Signature | | | | |
| Incentive for:  Residential Farm Commercial Industrial Institution/Government Other: | | | | | | | | | | | |
| **INCENTIVE INFORMATION** *(Please fill in gray shaded boxes for requested incentives)* | | | | | | | | | | | |
| **Equipment** | **Specifications and Required Information** | | | | | | | **Quantity** | | **Incentive** | **Total**  ***Quantity x Incentive*** |
| Clothes Dryer | Must be ENERGY STAR appliance (visit [www.energystar.gov](http://www.energystar.gov) to verify) | | | | | | |  | | $25 |  |
| Heat Pump Clothes Dryer | All heat pump clothes dryers qualify for the incentive | | | | | | |  | | $50 |  |
| Clothes Washer | Must be ENERGY STAR appliance (visit [www.energystar.gov](http://www.energystar.gov) to verify) | | | | | | |  | | $25 |  |
| Dehumidifier | Must be ENERGY STAR appliance (visit [www.energystar.gov](http://www.energystar.gov) to verify) | | | | | | |  | | $25 |  |
| Dishwasher | Must be ENERGY STAR appliance (visit [www.energystar.gov](http://www.energystar.gov) to verify) | | | | | | |  | | $25 |  |
| Freezer | Must be ENERGY STAR appliance (visit [www.energystar.gov](http://www.energystar.gov) to verify) | | | | | | |  | | $25 |  |
|  | ***Enter size of freezer (must be minimum of 10 cubic feet):*** | | | | |  | |  | |  |  |
| Inductive Range | All inductive ranges qualify for the incentive | | | | | | |  | | $25 |  |
| Refrigerator | Must be ENERGY STAR appliance (visit [www.energystar.gov](http://www.energystar.gov) to verify) | | | | | | |  | | $25 |  |
|  | ***Enter size of refrigerator (must be minimum of 10 cubic feet):*** | | | | |  | |  | |  |  |
| Recycling – Freezer | Freezer must be in working order and must be removed from service and fully disposed of following federal, state, and local laws. | | | | | | |  | | $25 |  |
| Recycling – Refrigerator | Refrigerator must be in working order and must be removed from service and fully disposed of following federal, state, and local laws. | | | | | | |  | | $25 |  |
| Recycling – Room Air Conditioner | Room air conditioner must be in working order and must be removed from service and fully disposed of following federal, state, and local laws. | | | | | | |  | | $25 |  |
| **Total Incentive Amount Requested:** | | | | | | | | | | |  |
| **OFFICE USE ONLY** | | | | | | | | | | | |
| Approved  Not Approved – Reason: | | | | | | | | | Total Incentive Issued: $ | | |
| Cooperative Representative: | | | | | | | | | Date: | | |