

Evaporative Cooling Rebate \$600-\$700

2023 El Paso Electric

Texas Residential & Income Qualified Solutions Program



1. Program Overview

- El Paso Electric will pay out a rebate to eligible customers within EPE's Texas service territory that install an **eligible evaporative cooler** (eligibility list attached; pg 2).
- Rebate will be available through December 31, 2023 or upon funding availability.
- Customers will reserve funding with El Paso Electric prior to purchasing the unit and will have 45 days to complete the project (see contact information below).
- Customers may hire a contractor of their choice or they may choose to do the work themselves. Contractor must provide the customer with a written quote that includes all work materials before any work is done. <http://www.consumer.ftc.gov/articles/0242-hiring-contractor>
- Rebate amount is \$600 for Residential customers and \$700 for Income Qualified customers.
- If total project cost is less than the amounts above the rebate will equal the total project cost.

2. Customer Eligibility

- Customer *must* reside in Texas and receive electric service from EPE (Except Culberson County).
- **Single Family Homes only (1-4 units in one location).**
- Income Eligibility form on pages 5-6 must be completed and signed to qualify for the \$700 rebate.
- Customer must qualify through categories 1A, 1B or 1C. Category 2 is not eligible.
 - Category 1A - Provide proof
 - Category 1B - Confirm during funding reservation
 - Category 1C - Check at www.huduser.gov/portal/sadda/sadda_qct.html.

3. To Qualify

- Evaporative Air Conditioners **MUST** be purchased and installed in the current program year and be listed on the Evaporative Cooling Unit Eligibility List (pg. 2) to be eligible for a rebate.
- Must be permanently installed with a single duct or ducted air distribution system (for instant rebates on window AC units, visit tx.epelectricmarketplace.com/Air-Quality).

4. Reserving Funding

- **Please call El Paso Electric at 915-521-4488 to reserve funding prior to purchase of unit.**
- This program has limited funding. Once all funding is reserved, a waitlist will be opened.

5. Submit Required Documentation for Payment of Project

- Submittals will be made through email at epeincentives@cleareresult.com or mail to CLEARResult at PO Box 370301 El Paso TX 79937.
- Customer must submit the following documents within the 45 day period started from when the customer first reserved funding.
 - **Application Form.**
 - Manufacturer, model trade/brand name, model and serial numbers must be listed on application form.
 - Release of liability for both El Paso Electric and CLEARResult included.
 - **Photographs of installed system, nameplate, and invoice/store receipt**

6. Project Notification/Schedule Inspections

- Once project is submitted, El Paso Electric and/or CLEARResult will perform an inspection to confirm project completion before paying out incentive.

Evaporative Cooler Eligibility List

Manufacturer	Brand Name	Model Number	Rebate
Essick Air	Champion MasterCool	AD*C5112	\$600/\$700
Essick Air	Champion MasterCool	AD*C7112	\$600/\$700
Essick Air	Champion MasterCool	ADA5112	\$600/\$700
Essick Air	Champion MasterCool	ADA7112	\$600/\$700
Essick Air	Champion MasterCool	AS*C5112	\$600/\$700
Essick Air	Champion MasterCool	AS*C7112	\$600/\$700
Essick Air	Champion MasterCool	ASA5112	\$600/\$700
Essick Air	Champion MasterCool	ASA7112	\$600/\$700
Essick Air	Champion MasterCool	AU*C7112	\$600/\$700
Phoenix Manufacturing, Inc.	AeroCool Pro Series	PD423*	\$600/\$700
Phoenix Manufacturing, Inc.	AeroCool Pro Series	PD480*	\$600/\$700
Phoenix Manufacturing, Inc.	AeroCool Pro Series	PD623*	\$600/\$700
Phoenix Manufacturing, Inc.	AeroCool Pro Series	PD680*	\$600/\$700
Phoenix Manufacturing, Inc.	AeroCool Pro Series	PH423*	\$600/\$700
Phoenix Manufacturing, Inc.	AeroCool Pro Series	PH480*	\$600/\$700
Phoenix Manufacturing, Inc.	AeroCool Pro Series	PH623*	\$600/\$700
Phoenix Manufacturing, Inc.	AeroCool Pro Series	PH680*	\$600/\$700
Phoenix Manufacturing, Inc.	AeroCool Trophy Series	HH/HD480*	\$600/\$700
Phoenix Manufacturing, Inc.	AeroCool Trophy Series	HH/HD680*	\$600/\$700
Phoenix Manufacturing, Inc.	AeroCool Trophy Series	TD4812	\$600/\$700
Phoenix Manufacturing, Inc.	AeroCool Trophy Series	TH4812	\$600/\$700
Phoenix Manufacturing, Inc.	AeroCool Trophy Series	TD6812	\$600/\$700
Phoenix Manufacturing, Inc.	AeroCool Trophy Series	TH6812	\$600/\$700
Phoenix Manufacturing, Inc.	AeroCool Trophy Series	TUP6812	\$600/\$700
Phoenix Manufacturing, Inc.	AeroCool Trophy Series	WCTD4812C	\$600/\$700
Phoenix Manufacturing, Inc.	AeroCool Trophy Series	WCTH4812C	\$600/\$700
Phoenix Manufacturing, Inc.	AeroCool Trophy Series	WCTD6812C	\$600/\$700
Phoenix Manufacturing, Inc.	AeroCool Trophy Series	WCTH6812C	\$600/\$700
Seeley International	Breezair	TBQI5500	\$600/\$700
Seeley International	Breezair	TBQI7500	\$600/\$700
Seeley International	Breezair	EXVQ155	\$600/\$700
Seeley International	Breezair	EXVQ275	\$600/\$700
Seeley International	Breezair	EXQ170	\$600/\$700
Seeley International	Breezair	EXQ210	\$600/\$700
Seeley International	Breezair	EXT155	\$600/\$700
Seeley International	Breezair	EXT265	\$600/\$700
Seeley International	Breezair	TBSI580	\$600/\$700
Seeley International	Convair	CTA250	\$600/\$700
Seeley International	Convair	CTA500	\$600/\$700

*Indicates a character position that can be replaced by any value

Eligible evaporative coolers must have a Saturation Effectiveness \geq 85%



El Paso Electric Texas Residential & Income Qualified Solutions Program

EVAPORATIVE COOLING REBATE Application Form

All applications are due 45 days after initial reservation.

1. EPE CUSTOMER INFORMATION

To be eligible for rebates, rebate forms may be mailed or emailed along with a copy of receipt or contractor invoice to the addresses below.

Rebate processing takes approximately 4–8 weeks. Terms and conditions subject to change without notice.

Mail: CLEAResult, PO Box 370301, El Paso, TX 79937 OR Email: epeincentives@clearesult.com

For any other questions, assistance in determining your building type, or providing the required information, contact an El Paso Electric Energy Efficiency Program Representative at (915) 255-4300 or epeincentives@clearesult.com.

EPE Account Number for Install Location: (10 digits)

Customer/Resident Name:

Owner/Landlord name*: (if renter occupied)

Telephone:

Applicant's Email:

Account Address**:

City:

State:

ZIP:

Mailing Address: (if different)

City:

State:

ZIP:

Property Type: (Check one) Single Family Duplex Condominium Mobile Home Apartment

Property Status: (Check one) Owner Occupied Renter Occupied Vacant

* Rebate check will be made out to landlord if entered

** Rebate check will be mailed to the account address unless a different mailing address is provided

Home Characteristics

Please provide photo of heating system nameplate for homes with Electric Resistance or Heat Pump heating

Existing Cooling System Age:

Existing Cooling Type: Refrigerated Air Evaporative Cooling None

Existing Heating Type: Gas Electric Resistance Heat Pump None

Existing Water Heater Type: Gas Electric Resistance Heat Pump None

2. INSTALLATION INFORMATION (Must complete all fields)

Evaporative Cooling

Please provide photo of installed system nameplate or include system model # on invoice

Project Completion Date:

Reservation Number:

Manufacturer	Model Trade of Brand Name	Model #	Serial #

3. CONTRACTOR INFORMATION

(OPTIONAL) Property owner must complete only if rebate is to be issued to contractor

Company Name:

License #: (if applicable)

Contact Person:

Phone:

4. APPLICANT ACKNOWLEDGEMENT

Please refer to epelectric.com/tx/residential/energy-efficiency for additional information regarding eligibility criteria. (Must be signed by EPE customer if owner occupied or landlord if renter occupied)

By signing below, I acknowledge that: (1) the measure installation listed herein has been installed to my satisfaction; (2) if contacted by EPE or CLEAResult, I agree to allow access to my property to inspect the measure installation; (3) neither EPE nor CLEAResult assumes any liability whatsoever relating to the measure installation or performance; (4) all information provided in this rebate form is accurate to the best of my knowledge and (5) I acknowledge that the project would not have been accomplished or would have been completed with a lower level of efficiency without the assistance of the EPE Energy Efficiency Program.

Applicant Signature:

Date:

5. PAYMENT RELEASE AUTHORIZATION

(OPTIONAL) Property owner must complete and sign only if rebate is to be issued to contractor.

By signing below, I am authorizing the payment of the rebate to the contractor (named below), and I understand that I will NOT be receiving the incentive payment from El Paso Electric.

Applicant Signature:

Date:

Contractor Company Name: (for payment)

Mailing Address:

City:

State:

ZIP:

Single-Family (four or less units or owner-occupied)
Income Eligibility for Full-Incentive Energy Efficiency Services

This statement is made to verify my household income eligibility. The Public Utility Commission of Texas has authorized energy efficiency programs to reduce the utility bills of income-eligible households. Contractors participating in the programs receive higher incentive payments when you are income-eligible. The purpose of the higher payment is to enable the contractor to provide the improvements at a very low cost or no cost to you. **Participating in this program will not affect your eligibility for other program benefits listed below.**

The information provided below will be used solely for the purpose of determining household eligibility and will be kept confidential by the investor-owned utility contractor or other representative and by the Public Utility Commission of Texas and their contractor. It will not be sold or provided to any other party.

Name		
Street Address		Apartment Number
City	State TX	Zip Code
Phone Number with Area Code () -		Number of Persons in Household

Category 1A: Eligible through other programs or services

At least one member of my household received benefits from one or more of the programs listed below (check all that applies, **digital or paper copy of proof of participation such as award letter required with this form**):

- | | |
|--|---|
| <input type="checkbox"/> Bureau of Indian Affairs (BIA) General Assistance | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) (Food Stamps) |
| <input type="checkbox"/> Federal Public Housing Assistance (FPHA) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Health Benefit Coverage under Child Health Plan (CHIP) | <input type="checkbox"/> Texas Lifeline Discount |
| <input type="checkbox"/> Low-Income Energy Assistance Program (LIHEAP) or Comprehensive Energy Assistance Program (CEAP) | <input type="checkbox"/> Tribal Head Start (only households that meet the income-qualifying standard) |
| <input type="checkbox"/> Medicaid (includes CHIP) | <input type="checkbox"/> Tribal Temporary Assistance for Needy Families (Tribal TANF) |
| <input type="checkbox"/> Medicare, Qualified Beneficiary | <input type="checkbox"/> Veterans Pension Benefit or Survivors Pension Benefit |
| <input type="checkbox"/> National School Lunch Program—Free Lunch Program | <input type="checkbox"/> Veterans Pension or Survivors Benefit Programs |
| <input type="checkbox"/> Section 8 Housing Voucher | |

Your signature is required on the last page of this form.

Category 1B: Eligible through community action or social service agency
(COMPLETED BY UTILITY, COMMUNITY ACTION, OR SOCIAL SERVICE AGENCY)

I certify the named household participates in one of the programs in Category 1A or other low-income program service (such as Weatherization Assistance), which our agency qualifies participation.

Agency Name	Contact Name	Contact Phone Number with Area Code () -
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Category 1C: Eligible through geographic location
(COMPLETED BY UTILITY OR THEIR REPRESENTATIVE OR PROVIDER)

(check box if applicable): Form is not required for geographical qualification as long as the relevant information is in the utility's tracking data (service address, geographic qualifier).

Housing and Urban Development (HUD) Low-Income Housing-Qualified Census Tract or Block—GEO ID: _____

Category 2:

To accurately determine your **household income**, you must include the income of all persons residing in your home from all sources. To determine the amount of income in each category, enter the amount(s) on the check or benefit statement. **Supporting documentation must be provided (all personal identifying information may be redacted except name and address).**

STEP 1: Fill out the Income Calculation table below.

Amounts listed are shown (check one): Annually Monthly Weekly

Income Calculation Table

Source of income	Amount (\$)
Wages from full- or part-time employment as shown on a paystub or W-2 form	
Unemployment or worker's compensation	
Social security	
Retirement income	
Child support or alimony	
All other earnings	
Total household income <i>(add the amount entered on each line to figure your total household income)</i>	\$ 0

STEP 2: Compare your total household income per week, month, or year to the amount shown in the table below for the number of persons in your household.

If your total household income is equal to or less than the amount shown in the table, you are income-eligible.

200 Percent of Health and Human Services (HHS) Poverty Guidelines

Size of family unit	Annual income	Monthly income	Weekly income
1	\$ 27,180	\$ 2,265	\$ 523
2	\$ 36,620	\$ 3,052	\$ 704
3	\$ 46,060	\$ 3,838	\$ 886
4	\$ 55,500	\$ 4,625	\$ 1,068
5	\$ 64,940	\$ 5,412	\$ 1,249
6	\$ 74,380	\$ 6,198	\$ 1,431
7	\$ 83,820	\$ 6,985	\$ 1,612
8	\$ 93,260	\$ 7,772	\$ 1,794
Each additional person, add:	\$ 9,440	\$787	\$ 182

* **Notice:** Income ceilings are for February 1, 2022—January 31, 2023.

Annual updates are posted on <http://www.puc.texas.gov/industry/electric/forms/>

(Electronic) By typing my name below, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my Single-Family Income Eligibility for Full-Incentive Energy Efficiency Services Form.

(Non-Electronic) If filling out the delineation by hand, please provide your original signature and date.

I understand that the information is subject to audit and investigation by the investor-owned utility or representative providing the program services.

Applicant Signature	Date
Contractor Signature	Date

Keep a copy of this form for your records.