

2026 Air & Duct Sealing Rebates

APPLICATION FORM



All rebate applications are due by December 31st the year after equipment purchase and installation.

1

EPE CUSTOMER INFORMATION

In order to be eligible for rebates, rebate forms may be completed online or mailed along with a copy of receipt or contractor invoice to the address below.

Rebate processing takes approximately 4–6 weeks. Terms and conditions subject to change without notice.

EPESaver Rebate Center
1515 S Capital of Texas Hwy,
Suite 107
Austin, TX 78746
epesaver@frontierenergy.com

* Rebate check will be made out to landlord if entered

** Email rebate correspondence will be sent to the email address specified in this field

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

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

Check one: ☐ Owner Occupied ☐ Renter Occupied ☐ Vacant

Estimated Annual Gross ☐ \$0-\$24,980 ☐ \$24,981-\$33,820 ☐ \$33,821-\$42,660

Household Income: (Check one) ☐ \$42,661-\$51,500 ☐ \$51,501-\$60,340 ☐ \$60,341-\$69,180

☐ \$69,181-\$78,020 ☐ \$78,021-\$86,860 ☐ \$86,861 or greater

Number of Occupants in Home:

Home Characteristics

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

Number of Stories: (Check one) ☐ Single Story ☐ Two Story ☐ Three or More Stories

Number of Bedrooms:

Conditioned Home Sqft:

Year Cooling Equipment Installed:

Cooling Type: (Check one) ☐ Refrigerated Air ☐ Evaporative Cooling ☐ None

Heating Type: (Check one) ☐ Gas ☐ Electric Resistance ☐ Heat Pump ☐ None

2

INSTALLATION INFORMATION (Must complete all fields)

Project cost from invoices/receipts: \$

Project Completion Date:

Starting CFM₅₀

Ending CFM₅₀

Reported pre-CFM values will be capped at 4 CFM per conditioned square footage of the treated home. Ending CFM₅₀ cannot be lower than the Minimum CFM₅₀ allowed by code (see website for more details)

Air Sealing

Please provide photo of pre- and post- leakage testing results

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Duct Sealing

Please provide photo of pre- and post- leakage testing results

Project Completion Date:

Leakage Testing: (Check one) ☐ Leakage-to-outside ☐ Total leakage

Note: Leakage-to-outside testing is required

Starting CFM ₂₅	Ending CFM ₂₅	HVAC Tonnage (to nearest 1/2 ton)
<input type="text"/>	<input type="text"/>	<input type="text"/>

3

CONTRACTOR INFORMATION

Company Name:

License #: (if applicable)

Contact Person:

Phone:

4

APPLICANT ACKNOWLEDGEMENT

Please refer to EPESaver.com for additional information regarding eligibility criteria

(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 Frontier Energy, I agree to allow access to my property to inspect the measure installation; (3) neither EPE nor Frontier Energy 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: