

2026 Cooling 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

Existing Cooling System Age:

Existing Cooling Type: (Check one)

☐

Refrigerated Air

☐

Evaporative Cooling

☐

None

Existing Heating Type: (Check one)

☐

Gas

☐

Electric Resistance

☐

Heat Pump

☐

None

2

INSTALLATION INFORMATION (Must complete all fields)

Project Completion Date:

Project cost from invoices/receipts: \$

Evaporative Cooling

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

| Manufacturer | Model Trade or Brand Name | Model # | Serial # |
|--------------|---------------------------|---------|----------|
| | | | |

Room Air Conditioners

Please attach documentation of model number (e.g., invoice with model information, nameplate photo)

| Manufacturer | Model # | Serial # | Number of RACs |
|--------------|---------|----------|----------------|
| | | | |

Cooling Capacity: (1 ton = 12,000 BTU/hr)

BTU/hr

CEER:

Refrigerated Cooling

SEER Rating:

EER Rating:

HSPF/COP Rating: (HP/GSHP Only)

Cooling capacity of installed system:

BTU/hr

Heating capacity of installed system:

BTU/hr

2026 Cooling Rebates

APPLICATION FORM



Refrigerated Cooling (continued)

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

+ Look up AHRI certificate at www.ahridirectory.org

AC/HP System Type: (Check one) ☐ Split AC ☐ Packaged AC ☐ Split HP ☐ Packaged HP

AHRI Reference #: GSHP Desuperheater: (Check one) ☐ Yes ☐ No

GSHP System Type: (Check one) ☐ Open Loop Water-to-Air ☐ Open Loop Water-to-Water
☐ Closed Loop Water-to-Air ☐ Closed Loop Water-to-Water ☐ Direct Geoechange (DGX)

| System Component | Manufacturer | Model # | Serial # |
|----------------------------|--------------|---------|----------|
| Outdoor Condenser | | | |
| Indoor Coil | | | |
| Indoor Furnace/Air Handler | | | |

Smart Thermostats

Please attach documentation of model number (e.g., invoice with model information, nameplate photo).
For homes with electric resistance or heat pump heating, also provide photo of old heating system nameplate

| Manufacturer | Model # | Serial # | Number of Thermostats |
|--------------|---------|----------|-----------------------|
| | | | |

Replaced Thermostat: (Check one) ☐ Manual ☐ Programmable ☐ None

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

Cooling Capacity: (1 ton = 12,000 BTU/hr) BTU/hr

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

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: