

**2026 Insulation & Roof Rebates**

## APPLICATION FORM



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

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**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

Year Cooling Equipment Installed: 

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

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

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**INSTALLATION INFORMATION (Must complete all fields)**Project cost from invoices/receipts: \$ 

### Ceiling Insulation/ Attic Encapsulation

Pre/post photos of the attic floor and insulation depth (with ruler) required.  
Installed R-value must exceed R-30.

Project Completion Date: Existing R-value: Installed R-value: 

Installed Insulation Type: (Check one) ☐ Fiberglass Batt ☐ Blown-in Fiberglass ☐ Closed-cell Foam  
☐ Open-cell Foam ☐ Other

Sqft of conditioned space directly below treated attic: 

Encapsulate Attic: (Check one) ☐ Yes ☐ No

If yes, was a separate rebate form submitted for Air Infiltration?: (Check one) ☐ Yes ☐ No

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### Floor Insulation

No existing floor insulation may be present in order to qualify. Pre/post photos of the attic floor and insulation depth (with ruler) required. Installed R-value must exceed R-19.

Project Completion Date: Home Type: (Check one) ☐ Site-built ☐ ManufacturedTreated Floor Sqft: Existing R-value: Installed R-value: 

### Cool Roofs

Homes with electric resistance heat are not eligible. Treated square footage, initial reflectance, and 3-year reflectance must be specified on invoice or other documentation. Provide photos of existing insulation levels if below R-30.

Project Completion Date: Roof Slope: (Check one) ☐ Low  $\leq 2/12$  ☐ High  $> 2/12$ Roof Material Description: (e.g. manufacturer, brand, model) Initial Reflectance: 3-Year Reflectance: Treated Sqft: Existing Ceiling/Attic Insulation Type: (Check one) ☐ Ceiling ☐ Roof DeckExisting Ceiling/Attic Insulation R-value: 

### Solar Attic Fans

Project Completion Date: Duct Location: ☐ Conditioned☐ Unconditioned (e.g., attic)Fan Manufacturer: Fan Model Number: 

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## CONTRACTOR INFORMATION

Company Name: License #: (if applicable) Contact Person: Phone: 

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## APPLICANT ACKNOWLEDGEMENT

Please refer to [EPESaver.com](http://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: 

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## 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: