

# 2026 Air & Duct Sealing Rebates

## APPLICATION FORM



All rebate applications are due by December 31<sup>st</sup> the year of 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

#### Home Characteristics

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

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:

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: \$

#### Air Sealing

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

Project Completion Date:

Starting CFM <sub>50</sub>	Ending CFM <sub>50</sub>
<input type="text"/>	<input type="text"/>

Reported pre-CFM values will be capped at 4 CFM per conditioned square footage of the treated home. Ending CFM<sub>50</sub> cannot be lower than the Minimum CFM<sub>50</sub> allowed by code (see website for more details)

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

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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 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: