

# 2026 Insulation & Roof 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:

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)

#### 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 cost from invoices/receipts: \$

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  Manufactured Treated 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 Deck

Existing Ceiling/Attic Insulation R-value:

### Solar Attic Fans

Project Completion Date:  Duct Location:  Conditioned  Unconditioned (e.g. attic)

Fan Manufacturer:

Fan Model Number:

## 3 CONTRACTOR INFORMATION

Company Name:  License #: (if applicable)

Contact Person:  Phone:

## 4 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:

## 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: