

2026 Window & Window Treatment Rebates

APPLICATION FORM



All rebate applications are due by December 31st 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

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 Windows: (Check one) Single Pane Double Pane

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

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

Note: Homes with electric resistance heat are not eligible

2 INSTALLATION INFORMATION (Must complete all fields)

Project cost from invoices/receipts: \$

Solar Screens

Please provide photo of installed solar screens for all orientations
 Please provide documentation of solar heat rejection and solar screen sqft

Project Completion Date:

Manufacturer	Brand Name	Model #	% of Solar Heat Blocked (80% or more required)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

South-facing Window Area Treated (Sqft)	West-facing Window Area Treated (Sqft)	Total Window Area Treated (Sqft)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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ENERGY STAR® Windows

Please provide documentation of window specifications and sqft (copies of window stickers preferred)

Project Completion Date:

Manufacturer	Brand Name	Model #
<input type="text"/>	<input type="text"/>	<input type="text"/>

U-factor:

SHGC:

North-facing Window Area Treated (Sqft)	South-facing Window Area Treated (Sqft)	East-facing Window Area Treated (Sqft)	West-facing Window Area Treated (Sqft)	Total Window Area Treated (Sqft)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide documentation of window specifications and sqft

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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: