

# Home Energy Performance Financial Incentive Application



Please print all required information and attach documentation as specified in Terms and Conditions.

<b>Owner Name:</b>				
Last	First	Middle Initial		
<b>Home Address:</b>		<b>City:</b>	, IL	<b>Zip:</b>
<b>Ameren Illinois Utilities Account Number:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
<b>Heating Fuel</b>		<b>Heating System</b>		<b>Central AC Units and/or Heat Pumps (Qty)</b>
<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Furnace	
		<input type="checkbox"/> Baseboard	<input type="checkbox"/> Other _____	
<b>Contact Name:</b>		<b>Phone:</b> (    )	<b>Mobile:</b> (    )	
<b>Mailing Address (if different than above):</b>				
<b>Program Ally Name and Address</b>				
<b>For Homes Heated by Ameren Illinois Utilities Electricity (attach schedule)</b>				
<b>Measure</b>	<b>Incentive Rate</b>	<b>Quantity</b>	<b>Maximum</b>	<b>Sub-Total</b>
<b>Air Sealing</b>	\$0.27 per CFM	_____ CFM	\$430	\$ _____ . _____
<b>Attic Insulation</b>	\$0.24 per SF	_____ SF	\$580	\$ _____ . _____
<b>Wall Insulation</b>	\$0.55 per SF	_____ SF	\$1,570	\$ _____ . _____
			<b>Total Requested</b>	\$ _____ . _____
<b>For Homes Heated by Ameren Illinois Utilities Gas (attach schedule)</b>				
<b>Measure</b>	<b>Incentive Rate</b>	<b>Quantity</b>	<b>Maximum</b>	<b>Sub-Total</b>
<b>Air Sealing</b>	\$0.23 per CFM	_____ CFM	\$370	\$ _____ . _____
<b>Attic Insulation</b>	\$0.24 per SF	_____ SF	\$580	\$ _____ . _____
<b>Wall Insulation</b>	\$0.23 per SF	_____ SF	\$660	\$ _____ . _____
<b>Duct Sealing</b>	\$0.25 per CFM	_____ CFM	\$150	\$ _____ . _____
<b>Programmable Thermostat (ENERGY STAR®)</b>	\$25	_____	\$50	\$ _____ . _____
			<b>Total Requested</b>	\$ _____ . _____

**Required:** I hereby request an incentive for the above listed work. Attached are copies of all invoices. I have read and agree to the Terms and Conditions on the reverse of this form. I certify that the information that I have provided is true and correct and that the work performed meets the Program Guidelines and Terms and Conditions of the program.

Program Ally Name \_\_\_\_\_ Program Ally Signature \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

(Acknowledging completion of work.)

Please direct all correspondence to:  
Ameren Illinois Utilities, Act On Energy Residential Programs  
300 Liberty Street, 4th Floor, Peoria, IL 61602  
Fax: 309-673-3370 • Toll-free: 866-838-6918 • ActOnEnergy.com



## TERMS AND CONDITIONS

### 1. Customer Eligibility

The customer must be a residential gas heating or electric heating customer of Ameren Illinois Utilities to qualify. Equipment installations made between January 1, 2009 and May 15, 2010 are eligible for incentives or until incentive funds are exhausted. Equipment and/or materials must be installed by a participating Program Ally at the customer's address listed on the Incentive Application Form. The Incentive Application Form must be filled out completely, signed and accompanied by dated invoice copies, and received by Act On Energy by May 30, 2010. Please see the Measure Eligibility page for requirements specific to individual incentives.

### 2. Incentive Limits

Individual dwelling units, as determined by account number, whether owner occupied or rental property, are eligible for up to the maximums on the first page of this form.

### 3. Installation Verification

Prior to honoring any incentive request, Act On Energy reserves the right to conduct an on-site verification that the equipment and materials have been installed according to Program Guidelines and is in operation. This site visit, and all aspects related to the site visit, is conducted solely for such purpose. The site visit is not a safety review, nor is it intended for any other purpose.

### 4. Documentation

Program Ally invoices, marked as paid, must be attached and include the Program Ally name / address / phone number, and installation costs as well as a completed Installation Schedule. Invoices to the customer must show a reduction that matches dollar for dollar to the incentives being claimed by the Program Ally. This reduction in price must appear on the invoice as "Ameren Illinois Utilities Act On Energy, Energy Efficiency Program Incentive Mark Down."

### 5. Warranties

Ameren Illinois Utilities and the Incentive Administrator do not endorse, guarantee, or warrant any particular contractor, manufacturer, or installation.

### 6. Changes to Home Energy Efficiency Program

Program is subject to change without prior notice, and incentive offers may increase or decrease at any time.

### 7. Liability and Release

As part of the consideration for participating in the program, participant hereby releases and shall indemnify, hold harmless, and defend Ameren Illinois Utilities, and the Incentive Administrator from any and all claims, losses, harm, costs, liabilities, damages, and expenses (including attorneys' fees) of any nature whatsoever arising directly or indirectly out of or in connection with the installation of energy efficiency measures at the premises or any material and labor required for such installation.

## FREQUENTLY ASKED QUESTIONS

### 1. What is the purpose of the Home Energy Efficiency Program?

The purpose of the program is to encourage customers to purchase and install energy efficiency improvements. Ameren Illinois Utilities provides an incentive to cover a portion of the costs for qualified improvements.

### 2. How do I know what I'm eligible for?

The Measure Eligibility page in this package explains the rules around incentive eligibility. For questions regarding eligibility, please call Act On Energy at 1-866-838-6918.

### 3. Where can I find a contractor to install the equipment?

Refer to the ENERGY STAR<sup>®</sup> Web site at [www.energystar.gov](http://www.energystar.gov) for tips on how to find the right contractor, and check the Act On Energy Web site at [ActOnEnergy.com](http://ActOnEnergy.com) for a list of participating Program Allies.

### 4. When will I receive my incentive?

The customer receives the incentive as a reduction in the invoice amount on the Program Ally invoice(s). The Program will pay the incentive amount directly to the contractor.

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## MEASURES ELIGIBILITY

The home must be heated with either electricity or gas delivered by Ameren Illinois Utilities. Available incentives differ depending upon the heating fuel. Individual measure eligibility criteria follow.

### For homes heated by Ameren Illinois Utilities Electricity (see also Combustion Safety Testing Requirement):

**Air Sealing:** This measure reduces excessive air infiltration in the home by sealing gaps in the building envelope (attic, walls, floors, etc) and sealing areas around some duct work boots. Blower-door tests are used to determine the level of air changes before and after air sealing measures are implemented. All work must be performed by a Registered Program Ally with approved training and methods. Incentive value is limited to \$430 per home.

**Attic Insulation:** Air Sealing must be performed by a Program Ally before a customer is eligible for attic insulation financial incentives. Pre-existing attic insulation levels must be R-11 or less. New attic insulation must be added to reach a combined insulation value of R-30 or greater. All eligible attic space in the home must be insulated to qualify for incentives. Insulation work must be performed by Program Ally. Incentive value is limited to \$580 per home.

**Wall Insulation:** Exterior walls with no pre-existing insulation in the wall cavity are eligible for financial incentives. New insulation installed in the wall cavity must equal R-11 or greater. Installations must be performed by a Program Ally. All eligible walls in the home must be insulated to qualify for incentives. Incentive value is limited to \$1,570 per home.

### For homes heated by Ameren Illinois Utilities Gas (see also Combustion Safety Testing Requirement):

**Air Sealing:** This measure reduces excessive air infiltration in the home by sealing gaps in the building envelope (attic, walls, floors, etc) and sealing areas around some duct work boots. Blower-door tests are used to determine the level of air-changes before and after air sealing measures are implemented. All work must be performed by a Registered Program Ally with approved training and methods. Incentive value is limited to \$370 per home.

**Attic Insulation:** Air Sealing must be performed by a Program Ally before a customer is eligible for attic insulation financial incentives. Pre-existing attic insulation levels must be R-11 or less. New attic insulation must be added to reach a combined insulation value of R-38 or greater. All eligible attic space in the home must be insulated to qualify for incentives. Insulation work must be performed by Program Ally. Incentive value is limited to \$580 per home.

**Wall Insulation:** Exterior walls with no pre-existing insulation in the wall cavity are eligible for financial incentives. New insulation installed in the wall cavity must equal R-11 or greater. Installations must be performed by a Program Ally. All eligible walls in the home must be insulated to qualify for incentives. Incentive value is limited to \$660 per home.

**Duct Sealing:** Air leakage from ducts can waste significant energy, reduce comfort, and cause moisture issues. The Program Ally will use special equipment to locate leakage and seal ducts in unheated attics and vented crawl spaces with long lasting materials. This incentive is limited to \$150.

**Programmable Thermostat:** Programmable thermostats automatically adjust set points to a schedule determined by the resident. A list of eligible thermostats can be found at [www.energystar.gov](http://www.energystar.gov). There is a limit of two thermostat incentives per home.

### Combustion Safety Testing Requirement:

For all homes heated by gas and for electric homes with any combustion appliance such as a water heater, cooktop, range, etc., Combustion Safety Testing is required if any measure other than a Programmable Thermostat is installed. Testing is done prior to and following the installation to ensure that no harmful combustion gases will enter the home.

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## INSTALLATION SCHEDULE

**IMPORTANT: In homes where combustion appliances are present and air sealing, insulation, or duct sealing was done, a Combustion Safety Data Collection Form recording pre- and post conditions must be attached.**

Job Completion Date: \_\_\_\_\_

### Air Sealing:

CFM of Home Before Sealing \_\_\_\_\_ After Sealing \_\_\_\_\_ CFM Reduction \_\_\_\_\_

### Attic Insulation:

Location	SQ FT	Pre-existing R Value	Added R-Value	Insulation Type
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Wall Insulation:

Location	SQ FT	Wall Type	Added R-Value	Insulation Type
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Duct Sealing:

CFM of Leakage Before Sealing \_\_\_\_\_ After Sealing \_\_\_\_\_ CFM Reduction \_\_\_\_\_

### Programmable Thermostats:

Make \_\_\_\_\_ Model \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_

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