

# Rebate Application

## HVAC Efficiency Program



The Atlantic City Electric (ACE) HVAC Efficiency Program provides rebates for the installation of high-efficiency HVAC equipment to residential customers of Atlantic City Electric. This equipment must be installed by a qualified contractor, be ENERGY STAR® certified, and must meet or exceed all additional requirements. Please submit one application per unit. **Customers will need to complete this application and email it to [ACErebates@clearesult.com](mailto:ACErebates@clearesult.com) or mail to:**

**CLEAResult**  
**PO Box 339**  
**Iselin, NJ 08830**  
**Attn: ACE Rebates**

The following must be submitted with the rebate application:

1. A paid invoice dated between July 1, 2021 to June 30, 2024, indicating the type of equipment, installation date, purchase price, model, and serial numbers.
2. An Air Conditioning, Heating and Refrigeration Institute (AHRI) certificate, including unit model number, capacity, and efficiency performance ratings. All minimum efficiency ratings must be met to qualify for a rebate.

### Customer Information

|   |  |                 |      |
|---|--|-----------------|------|
| Name (Account holder on record):  |  | Account Number: |      |
| Installation Address:   |  |                 |      |
| City, State, Zip:   |  | State: NJ       | Zip: |
| Contact Phone Number:   |  |                 |      |
| Email Address:  |  | Date Installed: |      |
| Type of Residence: <input type="checkbox"/> Single Family <input type="checkbox"/> Multifamily (2-4 units) <input type="checkbox"/> Townhouse <input type="checkbox"/> Mobile Home  |  |                 |      |
| Is this system installed as part of a new home construction project? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                 |      |
| Does the new unit replace the same type of equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                 |      |
| What is the fuel type of the equipment being replaced? <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other _____  |  |                 |      |
| How did you hear about this program: <input type="checkbox"/> Bill insert <input type="checkbox"/> Website <input type="checkbox"/> Contractor <input type="checkbox"/> Email <input type="checkbox"/> Family/friend <input type="checkbox"/> Advertising |  |                 |      |

### Contractor Information

|  |  |  |       |
|--|--|--|-------|
| Distributor Name:  |  | Contractor Name:   |       |
| Contractor Company Mailing Address:  |  |  |       |
| City:  |  | State:   | Zip:  |
| Email Address:   |  | Phone Number:  |       |
| HVAC License No.:  |  | Payment should be issued to: <input type="checkbox"/> Customer <input type="checkbox"/> Contractor |       |
| If payment is for Contractor, then Contractor must supply a W-9 form or have one on file.  |  |  |       |
| <input type="checkbox"/> I am submitting an application and certify that I am assigning the full rebate to the participating contractor listed on this application. I understand the rebate I qualify for has been applied as a discount off the purchase price of an eligible product of the Atlantic City Electric Residential HVAC Program. |  |  |       |
| Signature required <b>only</b> if rebate is being assigned to the contractor.  |  |  |       |
| Customer Signature:  |  | Print Name:  | Date: |

Visit [atlanticcityelectric.com/WaysToSave](http://atlanticcityelectric.com/WaysToSave) or call 1-866-353-0007 to learn more.

# Rebate Application

## HVAC Efficiency Program

Please ensure all fields are complete. Incomplete information could delay or disqualify your rebate.

### HVAC Energy Efficiency Systems

| Minimum Efficiency Requirement   | Manufacturer  | Condenser Model No. Outside Unit | Condenser Serial No. Outside Unit | Coil Model No. Inside Unit | AHRI Certificate No. | Rebate Amount |
|--|---|----------------------------------|-----------------------------------|----------------------------|----------------------|---------------|
| <b>Central Air Conditioner</b>   |   |                                  |                                   |                            |                      |               |
| SEER ≥ 16, EER ≥ 12.5  |   |                                  |                                   |                            |                      | \$300         |
| SEER ≥ 18, EER ≥ 13  |   |                                  |                                   |                            |                      | \$500         |
| Was the replaced equipment operational?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |                                   |                            |                      |               |
| Did you install a furnace with your central air conditioner?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Furnace is existing <input type="checkbox"/> Furnace Model Number _____ |                                  |                                   |                            |                      |               |
| If your AHRI reference number includes a furnace, please provide the furnace model number as this information is required to qualify for the central air conditioner rebate. |   |                                  |                                   |                            |                      |               |
| <b>Air Source Heat Pump</b>  |   |                                  |                                   |                            |                      |               |
| SEER ≥ 16, EER ≥ 12.5, HSPF ≥ 9  |   |                                  |                                   |                            |                      | \$600         |
| SEER ≥ 18, EER ≥ 13, HSPF ≥ 10   |   |                                  |                                   |                            |                      | \$1,000       |
| Was the replaced equipment operational?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |                                   |                            |                      |               |
| Did you install a furnace with an air source heat pump?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Furnace is existing <input type="checkbox"/> Furnace Model Number _____ |                                  |                                   |                            |                      |               |
| If your AHRI reference number includes a furnace, please provide the furnace model number as this information is required to qualify for the heat pump rebate.               |   |                                  |                                   |                            |                      |               |
| <b>Mini-Split Heat Pump</b>  |   |                                  |                                   |                            |                      |               |
| Single: SEER ≥ 20, EER ≥ 12.5, HSPF ≥ 10   |   |                                  |                                   |                            |                      | \$400         |
| Multi: SEER ≥ 18, EER ≥ 12.5, HSPF ≥ 10  |   |                                  |                                   |                            |                      | \$400         |
| Was the replaced equipment operational?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |                                   |                            |                      |               |
| Is this item the primary or secondary HVAC system?   | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary   |                                  |                                   |                            |                      |               |
| <b>Ductless Mini-Split A/C</b>   |   |                                  |                                   |                            |                      |               |
| SEER ≥ 20, EER ≥ 12.5  |   |                                  |                                   |                            |                      | \$500         |
| Was the existing equipment operational?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |                                   |                            |                      |               |
| Is this item the primary or secondary HVAC system?   | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary   |                                  |                                   |                            |                      |               |

# Rebate Application

## HVAC Efficiency Program

| Measures                                 | Minimum Requirements  | Manufacturer   | Model No. | Serial No. | Rebate Amount |
|--|---|--|-----------|------------|---------------|
| Furnace Fan Motor                        | Purchase and installation of a high efficiency brushless permanent magnet fan motor(BPM) or electrically commutated motor (ECM) to replace a permanent split capacitor (PSC) motor. <b>Only eligible on existing equipment.</b> |  |           |            | \$100         |
| Does the residence have central cooling? |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |            |               |

| Measures  | Minimum Requirements   | Manufacturer/ Model No.   | Serial No. | If smart thermostat controls natural gas heating, choose Gas Utility   | Gas Account No. | Rebate Amount |
|---|--|---|------------|--|-----------------|---------------|
| Smart Thermostat (limit 2 per customer per premises)        | New installation or replacement of a manual or conventional programmable thermostat with ENERGY STAR® certified thermostat. As part of an HVAC Install |   |            | <input type="checkbox"/> South Jersey Gas<br><input type="checkbox"/> New Jersey Natural Gas<br><input type="checkbox"/> Public Service Electric & Gas |                 | \$100         |
| <b>For Smart Thermostat purchases</b>                       |  |   |            |  |                 |               |
| Will the smart thermostat control A/C?                      |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |            |  |                 |               |
| Will the smart thermostat control heating?                  |  | Choice: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other <input type="checkbox"/> None   |            |  |                 |               |
| What type of HVAC system will the smart thermostat control? |  | <input type="checkbox"/> ASHP <input type="checkbox"/> GSHP <input type="checkbox"/> Furnace <input type="checkbox"/> Resistance <input type="checkbox"/> Boiler <input type="checkbox"/> Unknown |            |  |                 |               |

### Residential Products Rebate Program

#### Application Instructions—Enhanced Low to Moderate (LMI) Incentive

NJ low to moderate income (LMI) residents may be eligible for an enhanced LMI incentive of \$200 per measure, excluding smart thermostats and furnace fans. To take advantage of this offer, please provide one of the following proofs of eligibility to your installation contractor prior to project completion.

| Low Income Verification  |         |         |           |
|--|---------|---------|-----------|
| <input type="checkbox"/> Low Income Census Tract*<br><a href="https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx">https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx</a>   |         |         |           |
| Participation in one of the following Safety Net Programs:   |         |         |           |
| <input type="checkbox"/> Universal Service Fund (USF)<br><input type="checkbox"/> Lifeline<br><input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)<br><input type="checkbox"/> Temporary Assistance to Needy Families (TANF)<br><input type="checkbox"/> Supplemental Security Income (SSI)<br><input type="checkbox"/> Pharmaceutical Assistance to the Aged and Disabled (PAAD)<br><input type="checkbox"/> Section 8 Housing Assistance<br><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)<br><input type="checkbox"/> General Assistance (GA) |         |         |           |
| <input type="checkbox"/> Customer's income is below 250% of the Federal Poverty Guidelines (see 2021 chart below):   |         |         |           |
| 2021 (250% of the Federal Poverty Guidelines)  |         |         |           |
| Size of Family   | 250%    |         |           |
| 1  | \$619   | \$2,683 | \$32,200  |
| 2  | \$838   | \$3,629 | \$43,550  |
| 3  | \$1,056 | \$4,575 | \$54,900  |
| 4  | \$1,274 | \$5,521 | \$66,250  |
| 5  | \$1,492 | \$6,467 | \$77,600  |
| 6  | \$1,711 | \$7,413 | \$88,950  |
| 7  | \$1,929 | \$8,358 | \$100,300 |
| 8  | \$2,147 | \$9,304 | \$111,650 |
| Each add.  | \$218   | \$946   | \$11,350  |

| Moderate Income Verification  |           |           |
|---|-----------|-----------|
| <input type="checkbox"/> Moderate Income Census Tract*<br><a href="https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx">https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx</a> |           |           |
| Participation in one of the following Safety Net Programs:  |           |           |
| <input type="checkbox"/> Payment Assistance for Gas and Electric (PAGE)<br><input type="checkbox"/> New Jersey SHARES (NJ SHARES)   |           |           |
| <input type="checkbox"/> Customer's income is below 250–400% of the Federal Poverty Guidelines (see 2021 chart below):  |           |           |
| 2021 (250 to 400% of the Federal Poverty Guidelines)  |           |           |
| Size of Family  | 250%      | 400%      |
| 1   | \$32,201  | \$51,520  |
| 2   | \$43,551  | \$69,680  |
| 3   | \$54,901  | \$87,840  |
| 4   | \$66,251  | \$106,000 |
| 5   | \$77,601  | \$124,160 |
| 6   | \$88,951  | \$142,320 |
| 7   | \$100,301 | \$160,480 |
| 8   | \$111,651 | \$178,640 |
| Each add.   | \$11,351  | \$18,160  |

\*See page six for Census Tract Instructions.

#### LMI Verification Acknowledgment

By signing here, I acknowledge that the proof of information provided to my installation contractor and selected above is accurate. I understand that I may be contacted by ACE to confirm and verify proof of eligibility at a later date. Furthermore, I understand that if I give false information or withhold information in order to make myself eligible for benefits that I am not entitled to, I can be prosecuted to the fullest extent of the law.

|                     |       |
|---------------------|-------|
| Customer Signature: | Date: |
|---------------------|-------|

### HVAC Equipment Terms and Conditions

1. The applicant for Atlantic City Electric's HVAC Efficiency Program ("Program") rebate, the details of which are provided in the application to which these terms and conditions are attached and at [atlanticcityelectric.com/WaysToSave](http://atlanticcityelectric.com/WaysToSave), must be a residential customer of Atlantic City Electric ("Customer").
2. Rebate applications are valid only for qualified high-efficiency electric equipment purchased and installed beginning July 1, 2021, through June 30, 2024. The requirements for qualified equipment may be found in the tables on the second page of the rebate application and such equipment must also meet the requirements of Section 6 below.
3. The rebate application must be submitted within 120 days of installation of the qualified equipment.
4. It is the responsibility of Customer to assure that all requirements for the rebate are met. Failure to provide any of the required information will prevent or delay processing of your application. Please submit one rebate application per unit.
5. Rebate payments are based on the equipment installation date. Customer must abide by the rules and rebate levels in effect on the date of installation. Rebate levels cannot exceed the cost of the equipment.
6. The efficiency levels of the qualified equipment are based on the Air-conditioning, Heating, Refrigeration Institute (AHRI) certified performance criteria of an outdoor unit and indoor coil (and/or furnace/blower) working together. These ratings are found on the [AHRIdirectory.org](http://AHRIdirectory.org) website. All ENERGY STAR certified equipment must be listed at [energystar.gov](http://energystar.gov) in order to participate in this Program. Both the outdoor unit and coil/indoor unit must be replaced and installed as a matched set.
7. The rebate payment will be issued to the account holder at the mailing address on record with Atlantic City Electric or to the submitting contractor as assigned by Customer through their signature on the rebate application.
8. Please allow up to 60 days from the date all required information is received to process your rebate(s).
9. All rebated equipment must be installed and used at Customer's service address specified on the rebate application.
10. Program procedures, requirements and rebate levels are subject to change or cancellation without notice and are subject to available Program funds.
11. By participating in Atlantic City Electric's energy efficiency and peak demand reduction programs, Customer agrees Atlantic City Electric will maintain ownership of all Capacity Rights from electric savings measures. Capacity Rights are the demand reduction associated with any energy efficiency and peak demand reduction measure for which incentives were provided by Atlantic City Electric, which will aggregate these energy efficiency demand reduction attributes into the PJM capacity market as appropriate, with proceeds being used to reduce its customers' costs for the programs.
12. If applying for incentives for natural gas and electric measures at the same time through Atlantic City Electric, Customer is prohibited from applying for the same incentive with their gas company.
13. Atlantic City Electric and/or their designees including Program administrators and evaluation contractors reserve the right to review installations for equipment subject to the rebate to verify completion and measure energy savings to ensure compliance with all Program requirements. Such reviews will be made at a time convenient to Customer. Misrepresentation of installation location or measure eligibility may result in forfeiture of the rebate.
14. Installations of equipment subject to the rebate must be completed in accordance with all laws, codes, and other requirements applicable under federal, state, and local authority.
15. Customer is urged to consult a tax advisor concerning any tax liabilities that could be associated with the receipt of the rebate.
16. Customer agrees that Atlantic City Electric may include Customer's name, Atlantic City Electric services and resulting energy savings in reports or other documentation prepared for Atlantic City Electric and/or submitted to the New Jersey Board of Public Utilities. Atlantic City Electric will treat all other information gathered for this Program as confidential and report it only in the aggregate.
17. Atlantic City Electric and/or its designees, including program administrators, do not endorse any particular manufacturer or product as part of this program.
18. The liability of Atlantic City Electric is limited to paying the rebate, subject to the requirements of the Program and these terms and conditions. None of Atlantic City Electric and CLEARresult (the Program implementer), their respective parents, subsidiaries or affiliates, or their respective officers, employees, contractors, or agents assume any liability or responsibility for the performance of the equipment subject to the rebate or any equipment warranty, the quality of the installation work, labor and/or materials supplied, and/or the acts or omissions of any participating contractor in the Program, nor for any consequential or incidental damages, or for any other damages connected with or resulting from Customer's participation in this Program.
19. Customer hereby agrees to indemnify, defend, and hold harmless, Atlantic City Electric, its parents, subsidiaries and affiliates, and their respective officers, employees, and agents from any and all liability associated with this Program.

### Acknowledgment

By signing and submitting this application, I agree to the terms and conditions of this document and certify that the information I have provided is true and accurate.

Contractor Signature:

Print Name:

Date:

Customer Signature:

Print Name:

Date:

## CENSUS TRACT TOOL INSTRUCTIONS

1. Go to this link <https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx>

**2. Change the year to 2020**

**3. Type in your address and click search**

**4. Click census demographic data**

**5. Finally, observe your Tract Income Level. If you are low or moderate you qualify.**

| Census  | Income    | Population | Housing |
|---|-----------|------------|---------|
| Tract Income Level  | Moderate  |            |         |
| Underserved or Distressed Tract                             | No        |            |         |
| 2020 FFIEC Estimated MSA/MD/non-MSA/MD Median Family Income | \$712,500 |            |         |
| 2020 Estimated Tract Median Family Income                   | 670,710   |            |         |
| 2015 Tract Median Family Income                             |           |            |         |
| Tract Median Family Income %                                |           |            |         |
| Tract Population  |           |            |         |
| Tract Minority %  |           |            |         |
| Tract Minority Population                                   |           |            |         |
| Owner-Occupied Units  |           |            |         |
| 1- to 4- Family Units                                       | 1405      |            |         |

Visit [atlanticcityelectric.com/WaysToSave](http://atlanticcityelectric.com/WaysToSave) or call 1-866-353-0007 to learn more.

By participating in Atlantic City Electric's energy efficiency and peak demand reduction programs, customers agree their electric utility will maintain ownership of all Capacity Rights from electric savings measures, which refers to the demand reduction associated with any energy efficiency or peak demand reduction measures for which incentives were provided by the Company.

## New Jersey Natural Gas Company

The SAVEGREEN Project® Rebate Application Instructions, Terms and Conditions  
Equipment purchased on or after July 1, 2021. Program period ending June 30, 2024.

THIS FORM SHOULD ONLY BE USED WHEN APPLYING TO ACE FOR GAS EQUIPMENT WHEN PAIRED WITH ELECTRIC EQUIPMENT

### A. CUSTOMERS – TO QUALIFY FOR YOUR REBATE, YOU MUST:

1. Purchase and install no later than June 30, 2024, a high-efficiency furnace, boiler or water heater, in a home that is currently supplied with natural gas directly from New Jersey Natural Gas Company (NJNG).
2. The equipment must meet the efficiency levels in the table below, based on the Gas Appliance Manufacturers Association (GAMA) Consumers Directory of Certified Efficiency Ratings. Conversion burners are not eligible.
3. NJNG RESERVES THE RIGHT, WITH THE APPROVAL OF THE STATE OF NEW JERSEY, BOARD OF PUBLIC UTILITIES, TO TERMINATE, MODIFY, SUSPEND OR EXTEND THIS REBATE PROGRAM. THIS REBATE PROGRAM WILL END ONCE THE FUNDING APPROVED FOR IT HAS BEEN EXHAUSTED, WHICH MEANS THAT IT MAY END PRIOR TO JUNE 30, 2024. IT IS THEREFORE IN YOUR INTEREST TO SUBMIT REBATE APPLICATIONS AS EARLY AS POSSIBLE.
4. All rebate application forms (including all supporting documents) must be received within 120 days of purchase date.

| Equipment Type                                     | Minimum Efficiency Level<br>AHRI-qualified product lists may be found at <a href="http://www.ahridirectory.org">www.ahridirectory.org</a> . | Rebate Amount |
|--|---|---------------|
| Gas Furnace  | Tier 1 Annual Fuel Utilization Efficiency (AFUE) 95 – 96.9% as rated by the Air Conditioning, Heating and Refrigeration Institute (AHRI)    | \$650         |
|  | Tier 2 AFUE ≥97% as rated by AHRI   | \$750         |
| Gas Combination Heat                               | Tier 1 AFUE less than or equal to 95%   | \$1,300       |
|  | Tier 2 AFUE less than or equal to 97%   | \$1,500       |
| Gas Boiler   | AFUE 90 – 94.9% as rated by AHRI  | \$750         |
|  | AFUE greater than ≥95% as rated by AHRI   | \$850         |
| Qualifying Gas Heat with Qualifying Gas Water Heat | Qualifying Gas Heat with <55 gallons and Uniform Energy Factor (UEF) ≥ .64 medium draw, ≥.68 high draw*                                     | \$1,100       |
|  | Qualifying Gas Heat with ≥55 gallons and UEF ≥ .78 medium draw, ≥.80 high draw or high capacity*  | \$1,300       |
| Gas Power Vented Water Heater                      | Greater than 55 gallons and UEF ≥ .78 medium draw, ≥.80 high draw or high capacity*   | \$450         |
|  | Less than 55 gallons, UEF .64*  | \$250         |
| Indirect Water Heater                              | When paired with a qualifying AFUE 90% gas boiler   | \$250         |
| Tankless Gas Water Heater                          | UEF greater than or equal to .87  | \$500         |

Qualified homeowners may be eligible for an additional \$200 incentive per unit for the purchase of qualified equipment. Questions about rebates and incentives? Call 877-455-NJNG (6564)

### B. INSTRUCTIONS FOR COMPLETING THE REBATE FORM: As the customer, you are responsible to ensure all requirements are met.

|  |   |
|--|---|
| Sections A and B of this form  | Customer to complete                        |
| Section C of this form   | Contractor to complete                      |
| Section D of this form   | Contractor to assist customer in completing |
| All applications to include a copy of itemized sales receipt showing proof of purchase (marked PAID if proposal) AND proof of permit for gas heating or water heating equipment. | Customer to provide with application        |



877-455-NJNG (6564) | [www.savegreenproject.com](http://www.savegreenproject.com)



### C. IMPORTANT TERMS AND CONDITIONS

1. If the customer portion of the rebate is to be assigned to another party, the customer must authorize this by completing and signing section B of the application form.
2. It is the responsibility of the customer to ensure all requirements for the rebate are met and all required documentation is provided to NJNG.
3. Rebate payments will be based on the equipment purchase date.
4. Failure to provide any of the required information will prevent processing of NJNG's application.
5. **Please allow up to 30 days from the date NJNG receives all required information to process your rebate.**
6. NJNG reserves the right to inspect all installations in order to ensure compliance with all program requirements.
7. Installations of equipment in new homes are not eligible for either participation or rebate in NJNG's SAVEGREEN Rebate program.
8. Program procedures, requirements and rebate levels are subject to change or cancellation without notice.
9. NJNG provides no oversight or control over any contractor services related to this program. Responsibility for proper installation, as well as delivery and workmanship related to any equipment or services the customer procures rests exclusively with the contractor selected by the customer. NJNG assumes no responsibility for oversight of contractor services.
10. One rebate check will be issued to the customer applying for each approved and completed application.
11. NJNG audits its rebate programs as a protection against consumer and/or contractor fraud. Any attempt to defraud NJNG will result in automatic rejection of the rebate application and possible legal action.
12. Installations must be completed in accordance with all laws, codes and other requirements applicable under federal, state and local authority.
13. You are urged to seek appropriate professional advice concerning any tax liabilities that could be associated with the receipt of the rebate.
14. By participating in the NJNG's energy efficiency and peak demand reduction programs, customers agree their electric utility will maintain ownership of all Capacity Rights from electric savings measures, which refers to the demand reduction associated with any energy efficiency or peak demand reduction measures for which incentives were provided by NJNG.

### INSTRUCTIONS FOR SUBMITTING THE SAVEGREEN REBATE

1. Keep copies of all above required documents. If contractor is submitting the rebate documents for you, we suggest you request your set of copies to be mailed to you simultaneously.
2. Use this application to apply for one heating equipment or water heater rebate. If applying for more than one heating equipment rebate, separate rebate forms are to be completed for each individual heating unit.
3. **This rebate form is only to be used in conjunction with the ACE electric equipment rebate when submitting rebates for both qualifying electric and gas equipment to ACE for financing purposes. If financing is not involved, please submit your application for eligible gas equipment directly to NJNG. Please include this form (keep copy for yourself), along with required documentation, to the address below:**

**CLEAResult Attn: ACE Rebates**

75 Lincoln Highway, Suite 100, Iselin, NJ 08833 | or email to: [ACErebates@clearresult.com](mailto:ACErebates@clearresult.com)

I read, understood and agree with the instructions, terms and conditions set forth above.

Account Holder Initials: \_\_\_\_\_ Date: \_\_\_\_\_



## NJNG Rebate Application Form

For equipment purchased and installed on or after July 1, 2021. All applications must be accompanied by a PAID-IN-FULL receipt, and applications for heating and water heating equipment must also include a proof of permit.

|  |                               |      |
|--|-------------------------------|------|
| <b>A. Customer Information</b>         |                               |      |
| New Jersey Natural Gas Account Number: |                               |      |
| Account Holder First Name:             | Account Holder Last Name:     |      |
| Electric Name:                         |                               |      |
| Electric Account Number:               |                               |      |
| Installation Address:                  |                               |      |
| City:                                  | State: NJ                     | Zip: |
| Daytime Phone:                         | Account Holder Email Address: |      |

**REQUIRED FOR REBATE: 1. Attach paid receipt 2. Proof of permit for heating and water heating equipment only**

I HAVE READ, UNDERSTOOD AND COMPLY WITH ALL OF THE TERMS AND CONDITIONS CONCERNING THIS REBATE PROGRAM. I certify all information provided is correct to the best of my knowledge, and I grant New Jersey Natural Gas Company permission to share my records with my electric utility, the State of New Jersey, Board of Public Utilities or my contractor(s), who plan to evaluate my energy usage. I hereby grant to New Jersey Natural Gas Company and its employees and agents reasonable access to my property during normal business hours to inspect the installation and performance of the furnace/boiler or water heater that is the subject of this rebate application. Further, I understand and agree to comply with all the terms and conditions of this rebate program. **Application must be received within 120 days of purchase date for HVAC equipment.**

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|  |                |      |
|--|----------------|------|
| <b>B. Rebate Recipient – To be completed when rebate check is to be issued to a party other than account holder or alternate mailing address</b> |                |      |
| First Name:  | Last Name:     |      |
| Company Name: <i>(if applicable)</i>   | Daytime Phone: |      |
| Mailing Address:   |                |      |
| City   | State:         | Zip: |
| Account Holder Signature:  | Date:          |      |

|  |               |             |
|--|---------------|-------------|
| <b>C. Contractor/Installer – All fields must be completed by the installing contractor</b> |               |             |
| Company Name:  | Contact:      |             |
| Street Address:  |               |             |
| City:  | State:        | Zip:        |
| Email Address:   | Phone Number: | Fax Number: |

**D. Equipment Information – Contractor to assist customer in completing. A separate application must be filled out for each piece of qualifying equipment.**

Did you convert to natural gas from: (Check one, if applicable):     Electric     Propane     Oil

Heating Equipment (Check one, if applicable):     Gas Furnace     Gas Boiler     Gas Combination Boiler

Water Heater (Check one, if applicable):     Tankless     Power Vented     (<55 gal)     (>55 gal)     Indirect

Purchase Date: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Model Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Attach a copy of permit for heating equipment and/or water heater.    Permit Number: \_\_\_\_\_

|                            |  |
|----------------------------|--|
| <b>For Office Use Only</b> | <b>See instructions, terms and conditions on reverse side.</b> |
|----------------------------|--|

Date Received: \_\_\_\_\_ AFUE: \_\_\_\_\_ UEF: \_\_\_\_\_

Proof of permit: \_\_\_\_\_ Approved: \_\_\_\_\_