

RESIDENTIAL EQUIPMENT PROGRAM

REBATE APPLICATION INSTRUCTIONS

- 1. Please confirm you are a UGI Gas customer to be eligible for these rebates: The first digit of your account number must be 2,3,5, or 7.
- 2. Purchase and install the qualifying equipment. Must be purchased and installed between January 1, 2017 and September 30, 2017.
- **3.** Return the completed application along with the following items:
 - Completed and Signed Application (on back)
 - Copy of a dated paid in full invoice / receipt showing:
 - Equipment Manufacturer
 - Model Number
 - Date of Purchase
 - Contractor Information
 - Equipment & Installation Cost
- **4.** Mail the signed rebate form with attached receipt to:

UGI Residential Rebate Program 40 Washington Street, Suite 2000 Westborough, MA 01581

PROGRAM DETAILS

This rebate program applies to equipment purchased and installed between January 1, 2017 and September 30, 2017. Applications must be postmarked within 90 days from installation date. Please allow 6–8 weeks processing time.

If you have questions please call 844-317-6122. If you'd like to apply online go to www.ugi.com/yourgasrebates.

QUALIFYING EQUIPMENT

TYPE OF EQUIPMENT	EFFICIENCY REQUIREMENTS	REBATE AMOUNT		
Wi-Fi Thermostat	N/A	\$100		
Natural Gas Tankless Water Heater	ENERGY STAR® Rated	\$400		
Natural Gas Furnace	ENERGY STAR Rated	\$500		
Natural Gas Boiler	AFUE ≥ 94	\$1,500		
Natural Gas Combination Boiler	AFUE ≥ 94	\$1,800		

TERMS & CONDITIONS

Applicant must be a UGI Gas customer; Rebate application must be postmarked by December 31, 2017; Rebate application must be accompanied by proof of purchase (legible copy of dated and itemized sales receipt); Rebate application must include valid customer account number, manufacturer, model number and installation date; Qualifying products must be new and listed by the EPA as ENERGY STAR qualified on www.energystar.gov; Additional information regarding eligibility and products may be found in the programs and rebates section at www.ugi.com/savesmart; Rebate valid for qualified appliances purchased and installed between January 1, 2017 and September 30, 2017; Rebates are subject to available program funding; Applications are subject to audit and verification by UGI. UGI reserves the right to verify the information provided in the application prior to or after issuing a rebate; Rebates will be issued in the form of checks, not utility bill credits. Payments will be mailed to the account holder and address on record; UGI is not responsible for items lost or delayed in the mail, or any rebate delayed due to incomplete or incorrect applications; UGI is not responsible for any taxes that may be imposed as a result of applicant's receipt of any rebate from UGI; UGI does not make or provide any warranty, express or implied, or endorsement of any manufacturer, appliance or product. UGI is not responsible for the accuracy, completeness, or usefulness of any information, estimated savings or benefits attributed to the products that qualify for this program. Reference to any specific product, project, or service by manufacturer, trade name, trademark, or otherwise does not constitute or imply UGI's endorsement or recommendation; UGI is not responsible if a retailer or contractor provides inaccurate information to the applicant about the amount, terms and/or conditions of the actual rebate; UGI will not pay rebates for any appliance that is mislabeled or misrepresented by dealers regarding rebate qualifications; UGI reserves the right at any time to extend, modify or terminate this program. resv1-11.16



Print Name

Date

ACCOUNT INFORM	IATION								*indicates required fields	
Account Holder First Name:*				Last Name:	Last Name:*					
Installation / Service Ac	ldress:*									
City:*	State:*				ZIP Code:*					
UGI Gas Account Number:* □ Che			☐ Check t	this box if you are a new gas customer and account number is not yet available						
PAYEE INFORMATION	ON									
Payee First Name:*				Last Name:	Last Name:*					
Mailing Address (Where	e check will be m	nailed to):*							
City:* State:*					ZIP Code:*					
Phone Number:					Email Address:					
CONTRACTOR INFO	ORMATION N	lote: Con	tractor Info	rmation is	also required	to be on the	installa	ition invoice.		
Contractor Name:*										
Contractor Address:*										
City:*	State:*					ZIP Code:*				
Phone Number:				Email Addre	Email Address:					
WI-FI THERMOSTAT	ΓS INFORMA ⁻	TION (L	Limit 2) Note	e: Manufactu	rer and Model nur	mber are requir	ed to be o	n the installation invoic	е.	
TYPE OF EQUIPMENT	OF EQUIPMENT MANUFACTURER		MODEL NUMBER			SELF-INSTALLED OR CONTRACTOR INSTALL?		REBATE AMOUNT	DO YOU HAVE CENTRAL AIR?	
Wi-Fi Thermostat									☐ Yes ☐ No	
HEATING AND WAT	TER HEATING	INFO	RMATION	Note: Manu	ıfacturer and Mod	lel number are	required t	o be on the installation i	nvoice.	
TYPE OF EQUIPMENT		M	MANUFACTURER		MODEL NU	MODEL NUMBER		REBATE AMOUNT	USED FOR WATER HEATING?	
Natural Gas Tankless Water Heater									N/A	
Natural Gas Furnace									N/A	
Natural Gas Boiler								N/A		
Natural Gas Combination Boiler										
GENERAL SURVEY	QUESTIONS									
Do you own or rent you	ır home? 🗆 Owr	n □ Ren	t							
How did you hear abou	it this rebate pro	gram? (0	Check all th	at apply):						
☐ UGI Website	☐ Radio ad	d ☐ Bill Insert			☐ Contra		☐ Tele	vision ad		
☐ Store Employee	☐ Friend	☐ Newspape			per ad	☐ Social	Media			
ACCEPTANCE OF T	ERMS									
I hereby request a rebar Conditions on the rever with Program Guideline satisfied with their insta	rse of this form. I es and Terms and	certify t	hat a licens	ed contra	tor has installe	ed the listed	equipm	nent (when applicat	ole) in accordance	

Authorized Signature