

Fayetteville Public Works Commission

HVAC Replacement Program Application

**Important: Equipment must be new and application must be submitted within six (6) months of purchase and installation.
A copy of itemized invoice/receipt and the Certificate of Product Rating must be attached.**

Eligibility Requirements

1. Applicant must be PWC residential Customer with active electric service in good standing
2. Applicant must be homeowner and account holder of record where HVAC unit(s) is installed
3. Applicant must apply for bill credit within **six (6) months** of purchase and installation date
4. Work must be completed by a licensed HVAC contractor
5. HVAC unit(s) must meet ENERGY STAR® standard and have a minimum 15+ SEER rating and replace 14 SEER or less unit(s)
6. Applicant must include a copy of the AHRI Certificate of Product rating with the application
7. Applicant is eligible for up to **two (2)** qualifying HVAC unit bill credits per service address
8. Submit original or copy of the paid and dated receipt or invoice within six (6) months of purchase and installation
9. Applicant must submit all paperwork required of this Program (email: **customer.programs@faypwc.com**)
10. Applicant must agree to Terms and Conditions of this Program

Applicant Information

Account Number: _____

Account Name: _____
First Last MI

Address: _____
Street Address Apt. #

_____ NC _____
City State Zip Code

Email : _____ Mobile Number: _____

✓ Text Available: ☐

New HVAC Information

System Type (≥ 24,000 BTU/hr)	Minimum Ratings			Bill Credit	Quantity Installed	AHRI Number(s)
	SEER2	EER	HSPF			
<input type="checkbox"/> Heat Pump	15	12	8.2	<input type="checkbox"/> \$250		
<input type="checkbox"/> Central Air Conditioning	18	12.5	9.6	<input type="checkbox"/> \$350		
<input type="checkbox"/> Dual Fuel Heat Pump	20	13.5	9.6	<input type="checkbox"/> \$400		New equipment must be AHRI rated and replace a 14 SEER or less system.
<input type="checkbox"/> Single Package						
<input type="checkbox"/> Split System						
Install Wi-Fi Thermostat	Manufacturer			Model Number		Date Installed
<input type="checkbox"/> Yes <input type="checkbox"/> No						

Installing Contractor Information

Installing Contractor's Name		License Number	
Contact Person	Email Address	Phone Number	

Signature

I have read, understand, and agree to the Program Terms and Conditions, disclaimers, limitations of liability and release as it pertains to this Program. I declare under penalty of perjury of the laws of the State of North Carolina that all of the information provided herein is true to the best of my knowledge. I hereby certify that I am the authorized account holder at the address listed above.

Signature of Applicant: _____ Date: _____