



Columbia Water & Light Attic Plus Rebate Application

Property information (Where insulation will be installed) _____

Account number: _____ Customer name on bill: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Phone Number: (____) _____

Property type:

- | | | |
|--|---|--|
| <input type="checkbox"/> Single family | <input type="checkbox"/> Townhouse | <input type="checkbox"/> Area of house (ft ²): _____ |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Apartment | <input type="checkbox"/> Percentage of attic insulated: _____ |
| <input type="checkbox"/> Triplex | <input type="checkbox"/> Other
_____ | <input type="checkbox"/> Number of stories: _____ |
| | | <input type="checkbox"/> Year house was built: _____ |

Eligible measures

Starting R-value	Area Insulated (ft ²)	Added R-value	Rebate Calculations	Rebate Amount	Max Rebate
Attic ≤ R-26			.01 x ft ² x added R-Value =	\$	\$450
Attic > R-26			.005 x ft ² x added R-Value =	\$	

Starting R-value	Final R-value	Central Return?	% of Total Duct System(s) Insulated x \$300 =	Rebate Amount	Max Rebate
Attic Ductwork*		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$300

* Duct Insulation rebate is prorated by the percentage of the homes total system(s) located outside the building envelope.

- Return duct systems must have at least two distributed lines to qualify for full incentive
- Homes with one central return will be given a 10% credit toward incentive
- At least R-13 must be added to be eligible for incentive
- Starting R-value must be R-12 or less to qualify



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Company information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Phone Number: (____) _____

Name: _____ Signature: _____ Date: _____

Please print

By signing, the contractor acknowledges having read and understood the policy and procedure for Columbia Water & Light's Attic Plus Rebate program. The contractor certifies that all information is true and correct and that the installed products meet the standards for the program.

Owner's information (Where check will be sent)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Phone Number: (____) _____

Name: _____ Signature: _____ Date: _____

Please print

By signing, the owner acknowledges having read and understood the policy and procedure for Columbia Water & Light's Attic Plus Rebate program. The owner certifies that all information is accurate and that the installed products meet the standards for the program.

Email this application and all applicable documents to: info@ColumbiaPowerPartners.com

Upon receiving this rebate application a Columbia Water & Light representative will contact the landlord to schedule a final inspection. The rebate application must be on file prior to insulation being installed.

Document checklist

- Rebate Application (this form)
- Invoice for work completed
- Home Energy Score (if applicable)

For more information:
ColumbiaPowerPartners.com
info@ColumbiaPowerPartners.com
(573) 441-5528