

2025 Cool Roofs and Window Treatments Rebates

APPLICATION FORM



All rebate applications are due by December 31st the year of equipment purchase and installation.

1 EPE CUSTOMER INFORMATION

In order to be eligible for rebates, rebate forms may be completed online or mailed along with a copy of receipt or contractor invoice to the address below.

Rebate processing takes approximately 4–6 weeks. Terms and conditions subject to change without notice.

EPESaver Rebate Center
1515 S Capital of Texas Hwy,
Suite 110
Austin, TX 78746
www.epesaver.com

Building Characteristics

Please provide photo of heating system nameplate for homes with Electric Resistance or Heat Pump heating

EPE Account Number for Install Location: (10 digits)

Customer/Business Name:

Telephone: Applicant's Email*:

Account Address:

City: State: ZIP:

Mailing Address: (if different)**

City: State: ZIP:

Year of Building Construction:

Existing Cooling Type: (Check one) Split/Pack. AC Split/Pack. HP Air-Cooled Chiller
 Water-Cooled Chiller Evaporative Cooler None

Existing Heating Type: (Check one) Gas Electric Resistance Heat Pump None

HVAC Equipment Age:

2 INSTALLATION INFORMATION (Must complete all fields)

Cool Roofs

Please provide documentation of ENERGY STAR rating, manufacturer spec sheet, and treated roof SqFt

Project cost from invoices/receipts: \$

Building Type: (Check one) Education Hotel Office
 Retail Warehouse Other

Treated Roof SqFt: % of Treated Roof that is over conditioned space:

Roof Slope: (Check one) Low-slope ($\leq 2:12$) Steep-slope ($> 2:12$)

Initial SRI: 3-year SRI:

Additional Ceiling or Roof Deck Insulation Installed: (Check one) Yes No

If Yes, final R-value: (Check one) $R \leq 13$ $13 > R \leq 20$ $20 < R$

Window Treatments

Please provide copy of manufacturer spec sheet for installed shading product

Existing Window Construction Number of Panes: (Check one) Single Double

Shading: (Check all that apply) None Screen/Film Roller Shade
 Louvered Interior Shades Open Weave Draperies
 Closed Weave Draperies Exterior Awnings

Installed Shading: (Check one) Screens Film

Manufacturer	Brand	Model #	Shading Coefficient
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Window Treatments
(continued)

Installed SqFt:

North	North-East	East	South-East
South	South-West	West	North-West

3 CONTRACTOR INFORMATION

Company Name: License #: (if applicable)
 Contact Person: Phone:

4 APPLICANT ACKNOWLEDGEMENT

Please refer to EPESaver.com for additional information regarding eligibility criteria
 (Signed by EPE customer if owner occupied or landlord if renter occupied)

By signing below, I acknowledge that: (1) the measure installation listed herein has been installed to my satisfaction; (2) if contacted by EPE or Frontier Energy, I agree to allow access to my property to inspect the measure installation; (3) neither EPE nor Frontier Energy assumes any liability whatsoever relating to the measure installation or performance; (4) all information provided in this rebate form is accurate to the best of my knowledge and (5) **I acknowledge that the project would not have been accomplished or would have been completed with a lower level of efficiency without the assistance of the EPE Energy Efficiency Program.**

Applicant Signature: Date:

5 PAYMENT RELEASE AUTHORIZATION

OPTIONAL
 (Property owner must complete and sign only if rebate is to be issued to contractor)

By signing below, I am authorizing the payment of the rebate to the contractor (named below), and I understand that I will **NOT** be receiving the incentive payment from El Paso Electric.

Applicant Signature: Date:
 Contractor Company Name: (for payment)
 Mailing Address:
 City: State: ZIP: