

Ameren Missouri Natural Gas Efficiency Programs

Residential Rebate Application (September 1, 2020–August 31, 2021) – No Audit Required

Applicant Information *(All information is required. Print legibly.)*

Ameren Missouri 10-Digit Natural Gas Account Number *(as it appears on your bill)*:

Customer Name *(as it appears on the Ameren Missouri Natural Gas Account)*:

Address:

City:

State: MO

ZIP Code:

Phone:

Email:

Property Information About Natural Gas Service Address

☐ Single Family ☐ Multifamily Complex ☐ Mobile Home ☐ Other *(Specify)*

☐ Owner Occupied ☐ Landlord ☐ Tenant ☐ Other *(Specify)*

Approx. Sq. Footage:

Number of Occupants:

Approx. Age of Home:

Number of Stories:

Landlord Information *By completing this section, you are authorizing Ameren Missouri to send the rebate check to the landlord for the eligible natural gas products purchased. If this section is not completed, the rebate will be mailed to the applicant noted above.*

Landlord Name:

Address:

City:

State:

ZIP Code:

Phone:

Email:

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Equipment Rebates A Qualified Residential Energy Audit IS required. The Qualified Auditor must recommend and complete one or more of the following equipment/improvements from this table before you can request a rebate. Rebates effective for installs between September 1, 2020 and August 31, 2021.

The maximum rebate amount per measure type listed below will be rebated per category in a calendar year. Eligible equipment for this program is listed in the table below and cannot be combined with rebates for the same measure listed on the residential NO AUDIT REQUIRED rebate form.

Eligible Measure Type (See Note 3)	Eligible Efficiency Rating	Specified Rebate (Fixed or per the required calculation shown)	Maximum Rebate Allowed/Measure Limit per Year	Equipment Costs	Standard or Calculated Rebate
Smart Thermostat	Please visit AmerenMissouri.com/naturalgas for a current list of qualifying smart thermostat models	\$25 per unit, or 50% of the equipment cost, whichever is lower	\$50 Limit two per customer		
Natural Gas Furnace (Tier 1)	High-efficiency AFUE rated 92–95.9% See Note 1	Owner Occupied: \$200	\$400 Limit two per customer		
Natural Gas Furnace (Tier 1)	High-efficiency AFUE rated 92–95.9% See Notes 1 and 2	Landlord: \$200	\$2,000 Limited to 10/yr. or 10% of their units, whichever is greater		
Natural Gas Furnace (Tier 2)	High-efficiency AFUE rated 96% or higher See Note 1	Owner Occupied: \$300	\$600 Limit two per customer		
Natural Gas Furnace (Tier 2)	High-efficiency AFUE rated 96% or higher See Notes 1 and 2	Landlord: \$300	\$3,000 Limited to 10/yr. or 10% of their units, whichever is greater		
Natural Gas Tankless On-Demand Water Heater	EF rating greater than or equal to 0.82	Owner Occupied: \$300	\$600 Limit two per customer		
Natural Gas Tank Storage Water Heater	20–55 gallons high-efficiency with an EF rating greater than or equal to 0.67	Owner Occupied: \$200	\$400 Limit two per customer		
Natural Gas Tank Storage Water Heater	20–55 gallons high-efficiency with an EF rating greater than or equal to 0.67	Landlord: \$200	\$2,000 Limited to 10/yr. or 10% of their units, whichever is greater		
Natural Gas Boiler (Tier 1)	High-efficiency AFUE rated 85–89.9%	Owner Occupied: \$100	\$100 Limit one per customer		
Natural Gas Boiler (Tier 1)	High-efficiency AFUE rated 85–89.9%	Landlord: \$150	\$1,500 Limited to 10/yr. or 10% of their units, whichever is greater		
Natural Gas Boiler (Tier 2)	High-efficiency AFUE rated 90% or higher	Owner Occupied: \$300	\$300 Limit one per customer		
Natural Gas Boiler (Tier 2)	High-efficiency AFUE rated 90% or higher See Note 2	Landlord: \$300	\$3,000 Limited to 10/yr. or 10% of their units, whichever is greater		
Hot Water Kit	Each kit may include one showerhead, two aerators and 10 feet of pipe wrap	Hot water kit will be mailed to the customer	N/A One free		
Ceiling Insulation	Customer's existing ceiling insulation must be R19 or less as verified and documented by an insulation contractor. Customer's contractor must install to a minimum rating of R30 and a maximum of R49 See Note 4	\$0.008 sq. ft. x ΔR with a maximum rebate of \$200	\$200		
Wall Insulation	Customer's existing wall insulation must be at R0 as verified and documented by insulation contractor. Customer's contractor must install to a minimum rating of R11 See Note 4	\$0.058 x sq. ft. x ΔR with a maximum rebate of \$400	\$400		

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NOTES

1. This rebate will end when a U.S. Department of Energy standard takes effect.
2. The rebate for a landlord under this program is considered a pilot program. This pilot program will allow a landlord to receive a maximum of 10 rebates for this measure per year or 10% of their total number of rental units, whichever is higher.
3. A customer may choose to participate in the above equipment rebate program, or the customer may choose to participate in the QUALIFIED ENERGY AUDIT rebate program. Only one rebate is paid. You must select only one rebate program to participate in for the qualifying equipment.
4. A customer is only eligible for a rebate, per the calculation shown for these measures (ceiling and wall insulation), for areas that meet the baseline requirements and not the entire ceiling or wall area. This is applicable in cases where only a portion of the square footage of a ceiling or wall area meets the applicable minimum baseline requirement.

Complete the equipment information below only for the eligible equipment that you have selected in the table on the previous page.

Details for First Eligible Equipment Rebate

Old Equipment Being Replaced (Check one): <input type="checkbox"/> Ceiling Insulation <input type="checkbox"/> Wall Insulation <input type="checkbox"/> Air Sealing <input type="checkbox"/> Duct Sealing			
Manufacturer:			R-Value:
Serial Number:	Model Number:	Estimated Year Old Equipment Was Installed:	
Reason for Replacement (Check one): <input type="checkbox"/> Unit failed <input type="checkbox"/> Unit was not reliable <input type="checkbox"/> To reduce monthly gas bill <input type="checkbox"/> To increase comfort <input type="checkbox"/> Other (Specify): _____			
NEW EQUIPMENT Manufacturer:			R-Value:
Serial Number:	Model Number:		

Proof of New Equipment Installation (Installer, Contractor, Supplier, etc.)

Company Name:	Phone:		
Address:	City:	State:	ZIP Code:
Contractor Signature (Required): _____		Date Installed: _____	

By signing, the installer/inspector attests this information accurately reflects the equipment has been installed in compliance with the manufacturer's specifications for the new equipment. Any and all equipment associated with this rebate must be installed in compliance with required local, state and federal codes. Any tests or inspections that may be required for the verification of such are the responsibility of the customer or installing contractor.

Details for Second Eligible Equipment Rebate

Old Equipment Being Replaced (Check one): <input type="checkbox"/> Ceiling Insulation <input type="checkbox"/> Wall Insulation <input type="checkbox"/> Air Sealing <input type="checkbox"/> Duct Sealing			
Manufacturer:			R-Value:
Serial Number:	Model Number:	Estimated Year Old Equipment Was Installed:	
Reason for Replacement (Check one): <input type="checkbox"/> Unit failed <input type="checkbox"/> Unit was not reliable <input type="checkbox"/> To reduce monthly gas bill <input type="checkbox"/> To increase comfort <input type="checkbox"/> Other (Specify): _____			
NEW EQUIPMENT Manufacturer:			R-Value:
Serial Number:	Model Number:		

Proof of New Equipment Installation (Installer, Contractor, Supplier, etc.)

Company Name:	Phone:		
Address:	City:	State:	ZIP Code:
Contractor Signature (Required): _____		Date Installed: _____	

By signing, the installer/inspector attests this information accurately reflects the equipment has been installed in compliance with the manufacturer's specifications for the new equipment. Any and all equipment associated with this rebate must be installed in compliance with required local, state and federal codes. Any tests or inspections that may be required for the verification of such are the responsibility of the customer or installing contractor.

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Customer Checklist

If you have any questions concerning the requirements for this program, please call 1.877.215.5752. To ensure that the rebate form will not be rejected for lack of supporting documentation, the customer should complete all of the following:

- ☐ Make sure equipment is new and installed in your name at the address listed on your Ameren Missouri Natural Gas bill.
- ☐ Include a recent copy of your Ameren Missouri Natural Gas bill (*must be under the name and address listed on this form*).
- ☐ Verify that you are an eligible Ameren Missouri Natural Gas customer before proceeding with this rebate program.
- ☐ Make sure the equipment you are considering for purchase is eligible for a rebate per the program rules.
- ☐ Make sure the customer's current eligible natural gas account number is listed on this rebate form.
- ☐ Make sure you or the contractor has filled in all the blanks in the sections requesting information on the OLD and NEW equipment for each rebate submitted.
- ☐ When applicable, make sure the contractor has signed the form. Exception: In cases where items are self-installed, then the customer must sign.
- ☐ Make sure you or your landlord has signed and dated the rebate form in the box below.

Be sure to provide copies of the following required documentation:

- ☐ Your most recent Ameren Missouri Natural Gas bill. ☐ All applicable invoices. ☐ A completed rebate form.

Did you receive a postcard mailing from Ameren Missouri encouraging you to participate in this Ameren Missouri Natural Gas rebate program?

- ☐ Yes, I received a postcard mailing encouraging me to participate. ☐ No, I did not receive a postcard.

Customer or Landlord Signature (Required)

Name (Please print):

Customer/Landlord Signature (Required):

Date:

By signing, the customer/landlord acknowledges having read and understood the terms and conditions of Ameren Missouri's Natural Gas Efficiency program. The customer certifies that all the information provided is true and correct and that the products for which the customer is requesting a rebate meet the requirements of the program.

Mailing Instructions

Mail rebate application, along with the required documentation and required signatures, to:

ICF
Ameren Missouri Natural Gas Rebate Program
980 Beaver Creek Drive
Martinsville, VA 24112

Rebate checks will be mailed approximately 6–8 weeks following receipt of a fully completed rebate form and receipt of all required documentation.

Please note the rebate mailing address above. Please do not mail this form with your utility bill payment.

Thank you, and congratulations on your decision to take high-efficiency, energy-saving measures. This purchase will benefit you, your home and the environment.

This program is being administered by Ameren Missouri. Incentive processing services are being fulfilled for Ameren Missouri by ICF.

This rebate is available to all Ameren Missouri natural gas customers in Missouri and may be subject to change or termination without prior notice. Funding is provided to Ameren Missouri natural gas customers and administered by Ameren Missouri in cooperation with the Missouri Public Service Commission. Ameren Missouri reserves the right to conduct field inspections to verify installations. (A) AMEREN MISSOURI OR ITS CONSULTANTS DO NOT ENDORSE, GUARANTEE OR WARRANT ANY PARTICULAR MANUFACTURER OR PRODUCT, AND AMEREN MISSOURI PROVIDES NO WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR IMPLIED WARRANTY OF FITNESS FOR ANY PRODUCT OR SERVICES. AMEREN MISSOURI IS NOT LIABLE OR RESPONSIBLE FOR ANY ACT OR MISSION OF ANY CONTRACTOR. THE CUSTOMER'S RELIANCE ON WARRANTIES IS LIMITED TO ANY WARRANTIES THAT MAY BE PROVIDED BY CONTRACTORS, VENDORS, ETC. (B) NEITHER AMEREN MISSOURI NOR ITS CONSULTANTS ARE RESPONSIBLE FOR ENSURING THAT THE DESIGN, ENGINEERING AND CONSTRUCTION OF THE INSTALLED EQUIPMENT OR INSTALLATION OF THE INSTALLED EQUIPMENT IS PROPER OR COMPLIES WITH ANY PARTICULAR LAWS, CODES OR INDUSTRY STANDARDS. AMEREN MISSOURI DOES NOT MAKE ANY REPRESENTATIONS OF ANY KIND REGARDING THE RESULTS TO BE ACHIEVED BY THE INSTALLED EQUIPMENT OR THE ADEQUACY OR SAFETY OF SUCH MEASURES.



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