Dominion Energy®

DEV-RHEA-7AM-v0320

Residential Home Energy Assessment Program
APPLICATION FOR VIRGINIA

APPLICATION CHECKLIST

Complete the checklist below and submit all required documents. Rebate cannot be processed with any missing information or blank fields.

Who is submitting this rebate application? ☐ Customer ☒ Contractor

☒ I MP **(Your Initials) HAVE READ THE INSTRUCTIONS AND TERMS AND CONDITIONS ON PAGE 1.**

☒ Completed home energy assessment.

☒ Completed entire rebate application.

☐ Attached a copy of the dated invoice from the contractor who performed the work for Measures 17 to 30 only. (Not applicable for Measures 1 to 16)

☐ Included the Product Specification Sheet for installing each of the following measures. Please select all that apply and specify item numbers from Rebate Chart.

- ☐ Measure 22 – 26 – HVAC System Upgrade (Submit AHRI Certificate): _____
- ☐ Measure 28 – 29 – ECM Fan Motor: _____
- ☐ Measure 27 – Water Heater
- ☐ Measure 30 – Cool Roof

✔ Submit in one of three ways:

1. **Email:** HEA@Honeywell.com
2. **Fax:** 804-515-1587
3. **Mail:** Honeywell Smart Energy, 7870 Villa Park Drive, Suite 800, Richmond, VA 23228

CUSTOMER DETAILS

Name on Dominion Energy Account:

Service Address:

City: | State: VA | Zip Code:

Key Contact Name:

Email Address:

Home Phone: | Work Phone:

I ☐ own ☐ lease this property. | Do you have authority to approve work on the property? ☒ Yes ☐ No

The following question is optional:
Did the rebate incentive offered by Dominion Energy have any influence in your decision to have the work performed? ☒ Yes ☐ No

Dominion Energy Account Number:

REBATE PAYMENT METHOD

I _____ (Your Initials) understand that my rebate incentive in the amount of $ _____ will be paid directly to the contractor specified in this document and recognize that I have received the equivalent value of this amount through services provided, unless I check here ☐ to have the rebate check sent to me.

Building Type (Check one): ☐ Single-Family Detached ☐ Single-Family Attached

By signing this application, I agree to the above terms and conditions. I authorize Dominion Energy Virginia to release pertinent electrical usage information through Honeywell Smart Energy as their implementation contractor to the participating contractor listed below. I certify that I am the Dominion Energy Virginia customer and owner or lessee of the residence described above.

Customer Name (please print) | Customer Signature | Date

CONTRACTOR DETAILS

Company Name: Electrical & Lighting Solutions, Inc.

Technician Name: Michael Parrish

Company Street Address: 2556 Gayton Centre Dr.

Service Date:

City: Richmond | State: VA | Zip Code: 23238

Company Phone: (804) 254-9400

Email Address: michael@elsrichmond.com

Technician Signature | Date