

Ductless and Ducted Mini-Split Heat Pump (DHP)



For Existing Single Family or Existing Manufactured Homes

www.fallriverelectric.com

Member Number		Phone #	
Member Name		Mobile #	
Mailing Address	City	State	Zip
Installation Address (if different than above)	City	State	Zip
Email			
Home type: <input type="checkbox"/> Existing Site Built <input type="checkbox"/> Existing Manufactured			
Year Built	Total Heated Area of Home		Sq ft.

NEW EQUIPMENT INFORMATION

AHRI Certified Reference #:		HSPF2 Rating:		Installation Date	
Outdoor Unit Manufacturer:			Outdoor Unit Model(s) #:		
Total Number of Outdoor Units Installed:			Total Number of Indoor Units Installed:		
Associated Indoor Units		Indoor Unit Model Numbers(s):		Associated Indoor Units	
Indoor Unit 1:		Indoor Unit 3 (if installed)		Indoor Unit Model Number(s)	
Indoor Unit 2 (if installed)		Indoor Unit 4 (if installed)			
Total Installed Cost (before rebates): \$_____					

Measure Category-Precondition	Member Rebate
Existing single-family homes: Zonal electric heat or Electric forced-air furnace	\$550.00
Existing manufactured homes: Zonal electric heat or forced-air furnace (including new manufactured homes once on site for occupancy)	\$550.00

By signing below, the installer certifies that this form and any accompany documentation are complete and accurate, and that all measures associated with this project were completed as of the signature below. The signature certifies that the installer is licensed contractor.

Installer Name		Installation Company	
Installer Signature		Installer Phone #	Date

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What is Being Installed? (Select One)	Eligible Home Types (Select One)	Eligible Existing Heating System Being Replace (Select One)
<input type="checkbox"/> Single Ductless Indoor Head <input type="checkbox"/> Single Ducted Mini-Split ¹ <input type="checkbox"/> Multiple Ductless Indoor Heads <input type="checkbox"/> Multiple Indoor Ducted Mini-Splits ¹ Combination Ductless/Ducted Mini-Splits	<input type="checkbox"/> Existing Single Family <input type="checkbox"/> Existing Manufactured	<input type="checkbox"/> Electric Forced Air Furnace <input type="checkbox"/> Electric Zonal ²

¹ A whole-home centrally ducted system may be reported as a ductless heat pump if it is on the Ductless Heat Pump Qualified Products List. If all applicable Implementation Manual requirements are met for the Air Source Heat Pump measures, with or without PTCS, these systems are eligible for reporting as such.

² Zonal heating includes electric, non-ducted: ceiling cable, wall, baseboard, plug-in, and an electric boiler/water heater attached to a zoned hydronic floor heating system.

Addition information for Qualifying equipment/Installation requirements:

- Be installed in accordance with manufacturer specifications, including adherence to proper refrigerant charging.
- Heating seasonal performance factor (HSPF): DHPs or Ducted Mini-Split must be a split-system heat pump employing an inverter-driven outdoor compressor, with inverter-driven or variable-speed blower rated with a HSPF2 rating that meets federal minimum requirements.
- DHPs must be installed on a dedicated electrical circuit, according to manufacturer’s specifications and Best Practices for Installing Ductless Heat Pump Guide.
- Only one DHP may be claimed per home, regardless of the number of outdoor or indoor units installed, and regardless of the home’s square footage. For homes 4,500 sq. ft or larger, the home is also eligible for a PTCS or non-PTCS air source heat pump (ASHP) incentive.
- At the time Variable Refrigerant Flow (VFR) technologies (also known as VRV) do not qualify for the residential DHP measure.
- Provide Fall River Electric with a copy of the installed ductless heat pump invoice, showing manufacturer and model number, and a copy of the AHRI certificate demonstrating the HSPF2.

Purchases must be made after 10/1/2023 and installed in FRE service territory to be eligible. All incentives are subject to availability and may change at any time. FRE reserves the right to inspect for program compliance. By signing, the Member certifies that the above information is true and accurate to the best of their knowledge.

Member Signature _____ Date _____

GL: CONS 11 300 555.13 Effective 10/1/2023	Office Use Only FRE Representative _____	Pay \$ _____ Date: _____
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