

Consumer Information

Name		Application ID	
Email		County	
Address		Phone	

Preassessment

Vendor		Technician	
Date/Time		Cooling room sq. ft.	
Electrical system & load capacity circuit suitable	Yes	No	Comments (optional)
Cooling unit selected <input type="checkbox"/> Replacement Sleeve AC <input type="checkbox"/> Window AC <input type="checkbox"/> Portable AC <input type="checkbox"/> Floor Fan			
Installation materials			

Installation

Date/Time		Technician	
Model #		BTUs	
Serial #		Energy Star Rated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided	<input type="checkbox"/> Operating Instructions <input type="checkbox"/> Warranty Information <input type="checkbox"/> Proof of Purchase		Instruction Manual
Notes		In-Home Delivery-Only*	<input type="checkbox"/> Yes <input type="checkbox"/> No

Invoice

Labor	\$
Unit Cost	\$
Materials	\$
Other	\$
Total	\$

"Vendor agrees that the total cost of any single cooling assistance service cannot exceed \$900 for a window air conditioner or portable air conditioner and cannot exceed \$1,100 for an existing wall sleeve unit, or \$500 for a fan."

Technician Signature: _____ Print Name: _____

Consumer Attestation

(For "In-Home Delivery-Only" option, complete the other side*)

I certify that the information provided above is accurate. The identified cooling unit was installed properly, is functioning as expected, and no damage occurred during the installation. The installation area was cleaned after the work was completed. I received operating instruction, warranty information, proof of purchase (for warranty purposes), and the user manual. I did not incur any out of pocket costs for the installation. I am satisfied with the installation and confirm that I have not received a HEAP or EPCP benefit within the past five years. I understand that I am responsible for the ongoing maintenance of the unit, including its removal, storage, and reinstallation as needed.

Consumer Signature: _____ Print Name: _____ Date: ____ / ____ / ____

In-Home Delivery-Only Option (Only applies to window AC units)

Consumers receiving a window AC unit through the Essential Plan Cooling Program may request a “In-Home Delivery-Only” option through the end of Program Year 2025. If this option is requested, both the consumer and the vendor must complete both sections below to confirm delivery and understanding of next steps.

Vendor Attestation

By signing below, I confirm that I have demonstrated the window AC unit is operational in front of the consumer and completed registration of the unit warranty.

Vendor
Signature: _____ Print
Name: _____ Date: ____ / ____ / ____

Consumer Attestation

By signing below, I confirm that I have requested a “In-Home Delivery Only” service for a window AC unit and understand that, by doing so, I am waiving the installation service that is provided under the Essential Plan Cooling Program and taking responsibility for installing the window unit in my home.

I certify that the information provided in this Consumer Acknowledgment Form is accurate. The identified cooling unit is operational, and no damage occurred during the In-Home Delivery. I received operating instructions, warranty information, proof of purchase (for warranty purposes), and the user manual. The delivery area was cleaned, and Window AC unit packaging materials were removed from my home, if requested. I am satisfied with the In-Home Delivery-Only option and confirm that I have not received a HEAP or EPCP benefit within the past five years. I understand that I am responsible for the ongoing maintenance of the unit, including its storage, and initial installation or subsequent reinstallation as needed.

I understand and agree that by waiving installation under the Essential Plan Cooling Program at this time, I permanently forfeit the option to receive installation services.

Consumer
Signature: _____ Print
Name: _____ Date: ____ / ____ / ____