

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 needed			

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 <input type="checkbox"/> Instruction Manual		
Notes			

Invoice

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

Vendors: From the Vendor Agreement: "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

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: ____ / ____ / ____