

HEAT PUMP REBATES

BMLD's Rebate and Incentive programs are administered by Energy New England - a municipal cooperative

Required for Processing:

- Completed Rebate Application
- Invoice showing some or all payments have been made
- Home Energy Assessment dated w/in 3 years of installation
- AHRI Certificate
- Picture of outdoor unit w/ model number

Mail Required Items To:
Energy New England
ATTN: Rebates
5 Hampshire St
Mansfield, MA 02048

CUSTOMER INFORMATION**DATE:****ELECTRIC ACCOUNT #****ELECTRIC ACCOUNT HOLDER NAME****SERVICE ADDRESS**

Street _____ City _____ State _____ Zip _____

**MAILING ADDRESS
IF DIFFERENT**

Street _____ City _____ State _____ Zip _____

EMAIL**PHONE****HEAT PUMP DETAILS**

Eligible equipment listed on: <https://www.masssave.com/en/heat-pump-qualified-list>

Heat Pump Type

<input type="checkbox"/> Ductless - Mini Split	<input type="checkbox"/> Ducted	
<input type="checkbox"/> Fossil Fuel Replacement Adder	<input type="checkbox"/> Weatherization Adder	<input type="checkbox"/> Low Income Adder

Installation Type

<input type="checkbox"/> Partial Home	<input type="checkbox"/> Whole Home
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Fuel Displacement

<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Propane	<input type="checkbox"/> Electric Resistance	<input type="checkbox"/> Wood Pellet Stove	<input type="checkbox"/> N/A
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Heating System Displacement

<input type="checkbox"/> Fossil Fuel Furnace	<input type="checkbox"/> Fossil Fuel Boiler	<input type="checkbox"/> Electric Baseboard	<input type="checkbox"/> Wood	<input type="checkbox"/> N/A
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Heat Pump Details

AHRI #	Cooling Capacity
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Manufacturer	Model #
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Installer Information**INSTALLER****INSTALLER****NAME****LICENSE #****INSTALLER ADDRESS**

Street

City

State

Zip

INSTALL**INVOICE****DATE****TOTAL**

By signing this form, I certify that: I paid for the installation of the selected measures at the service address listed on this form; I am an electric customer of the utility listed above; and that to the best of my knowledge, the information provided is correct and accurate. I am providing the requested information solely to be eligible to participate in this program and request that the personal information supplied by me be treated as confidential to the maximum extent possible.

CUSTOMER SIGNATURE**DATE**

Restrictions May Apply:

-Rebates are limited by quantity and/or dollar amount cap by measure per residential account.-New construction not eligible.-Residential customers in 1 to 4 unit buildings ONLY. -Utility reserves the right to end rebates at any time. -Qualified measures must be installed in the current calendar year -Applications must be postmarked by 1/31/2026 and sent to Energy New England.-Do not mail rebate application with your utility bill payment

QUESTIONS?EMAIL: REBATES@ENE.ORG

PHONE: 508-698-1225

APPLY ONLINEWWW.ENE.ORG