



A Semptra Energy utility®

# 2019 MULTIFAMILY REBATES CONTROLLER APPLICATION

Cash rebates may be available for the installation of qualified energy-efficiency products in apartment dwelling units and in the common areas of apartment complexes, condominiums and mobile home parks. Residential multifamily complexes with two or more dwelling units may qualify.

## HOW TO APPLY

1. Read the Terms and Conditions section for program details.

2. Visit our website at **socalgas.com** (search "MULTIFAMILY") to make sure funding is available and both reservations and applications are being accepted. Program may be subject to change or termination without prior notice at any time.

3. Before purchasing your energy-efficient product, be sure that the product meets the rebate requirements as listed in the product specification sheets. **Additionally, controllers for natural gas water heaters and boilers must be installed by an eligible Contractors State Licensing Board-(CSLB) licensed installer who has attended a SoCalGas® Boiler Controller Seminar.**

4. Eligible controllers for natural gas water heaters and boilers pre-installation requirements include:

- A separate Multifamily Energy-Efficiency Rebate Reservation Form for each site address with account number
- A completed controller pre-installation form completed by an eligible installer
- A SoCalGas pre-installation inspection on all controller products to verify status and eligibility

5. **Qualified products must be new, and purchased and installed between January 1, 2019 and December 31, 2019. Please be aware these purchase-and-install periods will end earlier if funds are no longer available.**

6. Once the product(s) are installed and pass required inspection, complete this Application Package (pages 3-7) and include the following items:

- A completed, dated and signed Controller Application (original signature required).
- Installer's completed Controller Post-Installation Forms (controllers for natural gas water heaters and boilers only).
- A copy of a recent SoCalGas bill for the gas account serving the energy-efficient product.
- A copy of paid itemized sales receipt(s), contractor invoice(s) or paid home improvement contract(s)**

Cash on Delivery (COD) and estimates are not acceptable proof of payment.

Receipts must indicate purchase date, manufacturer, model number, unit/apartment or location where the appliance was installed and must match the appliance Product Location Form. Be sure it indicates "Paid-in-full."

### Mail the completed application packet to:

SoCalGas  
2019 Multifamily Rebate Program  
M.L. GT 20B3  
P.O. Box 513249  
Los Angeles, CA 90099-4722

7. Program will end on December 31, 2019, or earlier, if funds are no longer available. All applications must be postmarked within 45 calendar days after the 2019 program termination date to be considered for a rebate. The date a measure is removed or suspended from the 2019 program will represent the termination date for which postmark eligibility will be based. Call 1-800-508-2348 to check availability of funds.
8. SoCalGas may conduct an inspection to verify the energy-efficiency product(s) eligibility and installation prior to rebate payment. All central domestic water heater (CDWH) controllers are inspected before and after installation.
9. A rebate check for qualified product(s) is generally mailed 90 days after SoCalGas approves a correct and completed application including all required documentation unless application is selected for inspection, which may add additional time. Questions? Call 1-800-508-2348 or email: multifamilyrebates@socalgas.com.
10. You may not receive energy-efficiency rebates for the same product or for the replacement of a product from more than one California Investor-Owned Utility (IOU) participating in this program or other third-party programs offering rebates, financing and other incentives, funded by the California Public Utilities Commission (CPUC).

# STEPS TO RESERVE REBATE FUNDS FOR CDWH CONTROLLERS AND RESOURCES

## Steps to reserve rebate funds for CDWH controllers

### STEP 1: REVIEW ELIGIBILITY REQUIREMENTS

Carefully review this application package for product and program participation eligibility requirements, including the terms and conditions. This application or a checklist can be also requested online at [socialgas.com](http://socialgas.com) (search "MULTIFAMILY") or call 1-800-508-2348.

### STEP 2: COMPLETE FORMS AND INCLUDE DOCUMENTS

Email the documents listed below to [MultiFamProgram@semprautilities.com](mailto:MultiFamProgram@semprautilities.com) or fax them to SoCalGas "Attention SoCalGas Multifamily Rebate Program" at 1-800-506-9073

- Complete, date and sign the **Controller Rebate Reservation Form** on page 3. (One reservation per account).
- Installer's completed **Pre-installation Checklist**.
- **Apartment and Common Area Products Form**.
- **Products Rebate Forms**.
- Copy of the SoCalGas bill where the controller products will be installed. Customer name on the reservation and application forms must match the name on the SoCalGas bill submitted.

### STEP 3: RECEIVE REBATE RESERVATION NUMBER

Your rebate reservation number will be faxed to you after the completion of a pre-inspection by SoCalGas. A reservation is valid 45 calendar days beginning on the date the reservation number is faxed to you by SoCalGas. Failure to submit a completed application package by the 45 calendar day will result in forfeiture of the reservation. A new reservation will be required.

SoCalGas reserves the right to modify or reject any reservation request that, in the sole judgment of SoCalGas, contravenes the policies or purposes of the Multifamily Rebate Program.

### STEP 4: RECEIVE CONFIRMATION

This Rebate Reservation Form, with confirmation information completed below, will be faxed to the fax number you provided above as your reservation confirmation.

Reservation is not valid until SoCalGas confirms the reservation and faxes the confirmation back to you and is only in effect for 45 calendar days. Failure to submit a complete application package by the 45th calendar day will result in forfeiture of the reservation and a new reservation will be required.

## Resource information

### ENERGY STAR®

- Find products that carry the ENERGY STAR label.
- Find retailers or suppliers who carry ENERGY STAR products.
- Information on how to improve your home.
- Ways to cut energy costs.

For more information visit [energystar.gov](http://energystar.gov) or call 1-888-STAR-YES-1 (1-888-782-7937)

### CALIFORNIA ENERGY COMMISSION

- Application information.
- Information about other energy-efficiency programs.

For more information visit [energy.ca.gov/appliances](http://energy.ca.gov/appliances) or call 1-800-772-3300

### BETTER BUSINESS BUREAU (BBB)

Please consult your phone directory for the phone number and location of your local BBB or visit [bbb.org](http://bbb.org).

### CONTRACTORS STATE LICENSE BOARD (CSLB)

State law requires that a licensed contractor providing home improvement services greater than \$500 provide the customer with a Home Improvement Contract (HIC). You may wish to confirm your contractor's license status at the Contractors State License Board (CSLB) by calling the CSLB at 1-800-321-CSLB (2752) or accessing their website:

- Visit at [cslb.ca.gov](http://cslb.ca.gov).
- Click on license status-check icon.
- Type in six-digit license number for verification.
- Confirm active status of license under license status.

**Confirm that contractor holds the appropriate license under applicable classification heading.**

# CONTROLLER REBATE RESERVATION FORM

Please refer to the steps on page 2 on how to submit this form.

## CUSTOMER INFORMATION

\_\_\_\_\_  
Name (as it appears on your bill)

□□□□-□□□□-□□□□□□-□□

SoCalGas Account Number

## PROPERTY OWNER OR MANAGER INFORMATION

\_\_\_\_\_  
Name

Check One:  Property Owner, Or  Property Manager (as authorized agent for property owner)

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Email Address

## PROPERTY INFORMATION

\_\_\_\_\_  
Site or Complex Name

\_\_\_\_\_  
Year Property Built

\_\_\_\_\_  
Apartments Units in Complex

\_\_\_\_\_  
Units Served by Water Heater or Boiler

\_\_\_\_\_  
Site Contact Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Site Contact Daytime Phone Number

\_\_\_\_\_  
Site or Product Location Address (If multiple, please attached a separate sheet).

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Service Address (The address on the SoCalGas bill if different from site address).

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Rate Schedule (GR, GM)

\_\_\_\_\_  
Rebate Product

\_\_\_\_\_  
Product Quantity

## CONTRACTOR INFORMATION

Non-corporation  Exempt (i.e. Tax Exempt, Non-profit)

\_\_\_\_\_  
Contractor Name

\_\_\_\_\_  
Contractor CSLB Number

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name of Person Requesting Reservation

\_\_\_\_\_  
Installer Name (Must have attended IOU Boiler Controller Seminar).

\_\_\_\_\_  
Requester Daytime Phone Number

\_\_\_\_\_  
Requester Fax

\_\_\_\_\_  
Requester Email Address

How did you hear about the Multifamily Rebate Program:  Mailer  Bill Inert  Friend or Family  Other \_\_\_\_\_

Contractor Name \_\_\_\_\_  Event Name \_\_\_\_\_

I understand and acknowledge that I am hereby requesting a rebate reservation from SoCalGas for the products listed above, which are to be installed at the site address. This reservation will be in effect for 45 days commencing from the date I received written notice from SoCalGas confirming the reservation quantities, which may be different than the quantity I requested above. Rebate reservations are subject to program terms and conditions, set forth in the Multifamily Energy-Efficiency Rebate Application Package, and do not guarantee future payment under the program. SoCalGas reserves the right to modify or reject any reservation request that, in SoCalGas' sole judgment, contravenes the policies, procedures, or purposes of the Multifamily Energy-Efficiency Rebate Program.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yy)

## UTILITY USE ONLY

Approved  Rejected Rep \_\_\_\_\_

\_\_\_\_\_  
Reservation Number

\_\_\_\_\_  
Date of Request (mm/dd/yy)

\_\_\_\_\_  
Date Confirmed (mm/dd/yy)

\_\_\_\_\_  
Request Expiration (mm/dd/yy)

\_\_\_\_\_  
Site Contact Name

\_\_\_\_\_  
Site Contact Phone

\_\_\_\_\_  
Quantity

\_\_\_\_\_  
Total Rebate Amount

# PRE-INSTALLATION CHECK LIST

## CUSTOMER INFORMATION

\_\_\_\_\_  
Name (as it appears on your bill)

□□□□-□□□□-□□□□□□-□  
SoCalGas Account Number

## CONTRACTOR INFORMATION

Non-corporation     Exempt (i.e. Tax Exempt, Non-profit)

\_\_\_\_\_  
Contractor Name

\_\_\_\_\_  
Installer Name (Must have attended IOU Boiler Controller Seminar).

\_\_\_\_\_  
Contractor Daytime Phone Number

\_\_\_\_\_  
Contractor Email Address

\_\_\_\_\_  
Contractor's CSLB Number

## PROPERTY INFORMATION

Please provide map of property indicating the location of the boiler(s), hot water heater(s) and storage tank(s).

\_\_\_\_\_  
Site or Complex Name

\_\_\_\_\_  
Year Property Built

\_\_\_\_\_  
Controller Name

\_\_\_\_\_  
Meter Number

\_\_\_\_\_  
Apartments Units in Complex

\_\_\_\_\_  
Units Served by Water Heater or Boiler

\_\_\_\_\_  
Site Contact Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Site Contact Daytime Phone Number

\_\_\_\_\_  
Site or Product Location Address (If multiple, please attached a separate sheet).

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Service Address (The address on the SoCalGas bill if different from site address).

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

## CDWH OR GAS END USE INFORMATION

Check Yes or No for CDWH if appliance or item is on the system on which the control will be installed.

Hot Water Use	CDWH	Hot Water Use	CDWH
Washer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hydronic Heat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming Pool	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pipe Insulation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Isolation Valves	<input type="checkbox"/> Yes <input type="checkbox"/> No
Existing Control	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bleeder Valve	<input type="checkbox"/> Yes <input type="checkbox"/> No
Condition (e.g., leaks, overly hot, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Backflow Valve at CWS	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spa(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anti-scald Mixing Valve	<input type="checkbox"/> Yes <input type="checkbox"/> No
Return (HWR) Pipe Size:		Supply (HWS) Pipe Size:	
Pump Size:		Gas Meter Configuration:	
Gas Meter Configuration:		Gas Meter Location:	

## BOILER OR WATER HEATER INFORMATION

\_\_\_\_\_  
General Description of CDWH System

\_\_\_\_\_  
CDWH Location

\_\_\_\_\_  
Boiler Manufacturer

\_\_\_\_\_  
Boiler Model Number

\_\_\_\_\_  
Boiler Serial Number

\_\_\_\_\_  
Pressure Regulator

\_\_\_\_\_  
Living Units Served

\_\_\_\_\_  
Btu In

\_\_\_\_\_  
Btu Out

\_\_\_\_\_  
Boiler HP

\_\_\_\_\_  
Number of Burners

\_\_\_\_\_  
Age of Burners

Water Storage:     Internal     External     Other

Water Information

\_\_\_\_\_  
Temp of H<sub>2</sub>O Out

\_\_\_\_\_  
Setting or Reading

\_\_\_\_\_  
Temp of H<sub>2</sub>O In

\_\_\_\_\_  
Setting or Reading

\_\_\_\_\_  
Primary Loop

\_\_\_\_\_  
Location and Operation of Primary Loop

# APARTMENT AND COMMON AREA PRODUCTS FORM

## Site or Product Location Address

Site or Product Location Address

City

ZIP

Read the product specifications below before purchasing.

Product	Quantity Purchased		Rebate Information	
	For Apartment (A)	For Common Area (B)	Rebate Per Unit (C)	Total Rebate (A+B) x C
<b>G</b> <b>CONTROLLERS FOR NATURAL GAS WATER HEATERS AND BOILERS</b> – Reservations required				
<b>G1</b> <b>SERVING 34 UNITS OR LESS</b> Rebate applies to new installations on existing natural gas-fired domestic hot water common systems serving multifamily dwelling units.  Controllers must serve a multifamily building up to 34 units, provide the ability to lower temperatures during low-use periods, and have a by-pass switch for allowing service to boiler. Must have natural gas distributed to the installation address by SoCalGas. CDWH system must be in proper working condition to qualify. (Reservation, pre- and post-inspection required.)  Manufacturer name, make, and model number must be included with a copy of your receipt.		\$700		
<b>G2</b> <b>SERVING 35 UNITS OR MORE</b> Rebate applies to new installations on existing natural gas-fired domestic hot water common systems serving multifamily dwelling units.  Controllers must serve a multifamily building of 35 units or greater, provide the ability to lower temperatures during low-use periods, and have a by-pass capability to allow service to boiler. Must have natural gas distributed to the installation address by SoCalGas. CDWH system must be in proper working condition to qualify. (Reservation, pre- and post-inspection required.)  Manufacturer name, make, and model number must be included with a copy of your receipt.		\$1,400		
<b>TOTAL REBATES AMOUNT</b>			<b>\$</b>	

# PRODUCT REBATE APPLICATION

## CUSTOMER INFORMATION

\_\_\_\_\_  
Name (as it appears on your bill)

□ □ □ - □ □ □ - □ □ □ □ - □

SoCalGas Account Number

\_\_\_\_\_  
Reservation Number

\_\_\_\_\_  
Rate Schedule (GR, GM)

\$

\_\_\_\_\_  
Total Rebate Requested (From Product Form)

## PROPERTY OWNER OR MANAGER INFORMATION

\_\_\_\_\_  
Name

Check One:  Property Owner, Or  Property Manager (as authorized agent for property owner)

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Email Address

## SITE ADDRESS (must match address on reservation)

\_\_\_\_\_  
Site Contact Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Site Contact Daytime Phone Number

\_\_\_\_\_  
Site or Product Location Address (If multiple, please attached a separate sheet).

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

## CONTRACTOR INFORMATION

Non-corporation  Exempt (i.e. Tax Exempt, Non-profit)

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Representative Name

\_\_\_\_\_  
CSLB Number

\_\_\_\_\_  
Installer Name

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email Address

## PRODUCT INFORMATION (controllers for natural gas water heaters and boilers must be installed by an eligible installer)

Product(s) Installed by:  Self  Contractor  Property Manager (as authorized agent for property owner)

\_\_\_\_\_  
Model

\_\_\_\_\_  
Manufacturer's Name

\_\_\_\_\_  
Purchase Date (mm/dd/yy)

\_\_\_\_\_  
Install Date (mm/dd/yy)

## PAYEE INFORMATION

Tax Status:  Corporation  Non-corporation  Exempt (i.e. Tax Exempt, Non-profit)

\_\_\_\_\_  
Payee Name (check is payable to)

\_\_\_\_\_  
Federal Tax ID or Social Security Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

## PAYMENT RELEASE AUTHORIZATION

**Property owner or property manager, as authorized agent for property owner: Your authorization is required if the rebate check is to be made payable to another individual or entity. Please sign below.**

SoCalGas will report this payment made to the third party on IRS Form 1099 as "Other Income" to you (the customer receiving the benefit of the rebate payment) unless the payment is less than \$600, or you have identified yourself as a corporation or exempt. You are urged to consult your tax advisor concerning the taxation of rebates. SoCalGas is not responsible for any taxes that may be imposed on you as a result of this rebate.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yy)



**Energy Savings Assistance Program and California Alternate Rates for Energy (CARE) Program information:** Before starting your energy-efficiency project, did you know your tenants may qualify for no-cost home improvements through the Energy Savings Assistance Program and/or a 20 percent discount on monthly energy bills through the CARE program? For more information, visit [socialgas.com](http://socialgas.com) (search "ASSISTANCE"). Or, call 1-800-331-7593 to learn about Energy Savings Assistance Program services and 1-800-427-2200 for CARE program details.

# TERMS AND CONDITIONS (original signature required)

Check One:  Property Owner Or  Property Manager (as authorized agent for property owner)

1. I understand that (a) applications are accepted on a first-come, first-served basis while funding is available, or until discontinued by the California Public Utilities Commission (CPUC), and must be postmarked within 45 days after the 2019 program termination date to be considered eligible for a rebate, and (b) qualified products must be purchased and installed between January 1, 2019 and December 31, 2019. I understand that these purchase and install periods will end earlier if funds are no longer available, and this program shall at all times be subject to change or termination without prior notice. ALL applications are processed on a first-come, first-served basis, upon receipt, until funds are no longer available. INCOMPLETE and INCORRECT APPLICATIONS CANNOT BE PROCESSED. Resubmitted applications are processed on a first-come, first-served basis, upon the new receipt date.
2. I am a property owner or property manager, as authorized agent for Property Owner, of a residential multifamily dwelling occupied by customers with a valid meter(s) served by SoCalGas. I understand that I am only eligible to receive rebates for products that correspond directly to the type service (i.e., natural gas distribution) for which my residential Multifamily dwelling currently receives service from SoCalGas. Multifamily dwellings are defined as residential apartments, homeowners associations and/or mobile home parks with two or more units. The dwelling units must be fully constructed and occupied. New construction does not qualify.
3. I certify that the qualified energy-efficiency products were purchased and installed between January 1, 2019 and December 31, 2019. These products are for use in my residential multifamily dwelling or common area.
4. I have submitted the required documents establishing proof-of-purchase for the products applied for in this Application which are paid itemized sales receipt(s), paid contractor invoice, or paid Home Improvement Contract (HIC), with manufacturer name(s), model number(s), square footage and any other required documentation.
5. I certify that all energy-efficiency products were purchased new, and I understand that resale products, products leased, rebuilt, rented and received from insurance claims, won as a prize, or new parts installed in existing products do not qualify.
6. I understand rebates will only be paid for products that meet the program specifications described on the Rebate Products Forms and related Specifications sheets.
7. Rebates are generally considered subsidies for tax purposes and could be taxable. You are urged to consult your tax advisor concerning the tax ability of these rebates. Rebates greater than \$600 will be reported to the IRS on Form 1099 unless you have checked corporation or exempt tax status on page 3 of this application form. SoCalGas is not responsible for any taxes that may be imposed on your business as a result of your receipt of this rebate.
8. I understand that the rebate amount cannot exceed my purchase price of the energy-efficiency product, nor include tax or installation related costs, except for Central System Natural Gas Boilers, where the rebate amount cannot exceed the combination of purchase price and installation cost.
9. In the event that I choose to participate in the On-Bill Financing Program offered by SoCalGas to obtain financing for the products listed in this rebate form, I understand that the terms and conditions of participation in the On-Bill Financing Program will control (including, without limitation, the calculation of the rebate amount for the products listed in this rebate form) any conflict between the terms and conditions applicable to participation in this program and the On-Bill Financing Program.
10. I understand the qualified products may be self-installed, installed by a contractor, manufacturer or an appliance dealer.
11. I understand and agree that the choice of the energy-efficiency products, selection of contractor, manufacturer, or dealer, purchase of materials, work performed and the payment thereof are my sole responsibility. I understand that SoCalGas makes no representations regarding products, contractors, manufacturers, dealers, materials or workmanship. I also understand that SoCalGas makes no warranty, whether expressed or implied, including warranty of merchantability or fitness for any particular purpose, use or application of the products or measures. I waive any and all claims against SoCalGas, its parent companies, its directors, officers, employees and authorized agents, and will indemnify SoCalGas for any claims arising out of or relating to the installation and/or use of the energy-efficiency product(s) referred to in this Application. Without limiting the generality of the foregoing, none of such parties shall be liable hereunder for any type of damages, whether direct, indirect, incidental, consequential, exemplary reliance, punitive or special damages, including damages for loss of use, regardless of the form of action, whether in contract, indemnity, warranty, strict liability or tort, including negligence of any kind. I agree that SoCalGas has no liability whatsoever concerning the quality, safety or installation of the energy-efficiency products, including their fitness, workmanship or any other matter.
12. I am responsible for meeting all program requirements and complying with my state/county/city governments, property owner and/or homeowners' association requirements (if any) in my area regarding local conditions, restrictions, codes, ordinances, rules and regulations pertaining to all installations. I further understand that it is my sole responsibility to ensure all rebated products are installed as per all manufacturers' specifications.
13. I agree to allow SoCalGas' representative and/or CPUC representative reasonable access to verify the installed products. I agree to this inspection to be eligible to participate in the program and receive a rebate for the qualified product. I understand this inspection is for the purpose of determining that the installed products meet all program(s) requirements.
14. I understand SoCalGas is not responsible for items lost or destroyed in transit.
15. I understand that I cannot receive energy-efficiency rebates for the same product, or for the replacement of a product installed within the last three years, from more than one California Investor-Owned Utility (IOU) participating in this program or other third-party programs offering rebates, financing and other incentives funded with CPUC Public Goods Charge funds.

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT AND THE PRODUCTS FOR WHICH I AM REQUESTING A REBATE MEET THE REQUIREMENTS LISTED ON THE REBATE PRODUCTS FORM AND SPECIFICATION SHEET.

## PROPERTY OWNER OR MANAGER (AS AUTHORIZED AGENT FOR PROPERTY OWNER)

As applicable:  By checking this box, I confirm that I have used a licensed contractor, as appropriate, and followed applicable permitting requirements for this installation.

Print Name	Signature	Date (mm/dd/yy)
------------	-----------	-----------------

Funding is limited. Please call to make sure rebate applications are still being accepted. Applications are accepted on a first-come, first-served basis. Products must be purchased and installed between January 1, 2019 and December 31, 2019, however, please be aware these purchase and install periods will end earlier if funds are no longer available. This program shall at all times be subject to change or termination without prior notice. This program is funded by California utility customers and administered by Southern California Gas Company under the auspices of the California Public Utilities Commission.





# POST-INSTALLATION CHECK LIST PAGE 1 OF 2

## CUSTOMER INFORMATION

\_\_\_\_\_  
Name (as it appears on your bill)

□□□-□□□-□□□□□-□  
SoCalGas Account Number

## CONTRACTOR INFORMATION

Non-corporation     Exempt (i.e. Tax Exempt, Non-profit)

\_\_\_\_\_  
Contractor Name

\_\_\_\_\_  
Installer Name (Must have attended IOU Boiler Controller Seminar).

\_\_\_\_\_  
Contractor Daytime Phone Number

\_\_\_\_\_  
Contractor Email Address

\_\_\_\_\_  
Contractor's CSLB Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yy)

## PROPERTY INFORMATION

\_\_\_\_\_  
Site or Complex Name

\_\_\_\_\_  
Meter Number

\_\_\_\_\_  
Meter Location

\_\_\_\_\_  
Site Contact Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Site Contact Daytime Phone Number

\_\_\_\_\_  
Site or Product Location Address (One form per site with account number).

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Service Address (The address on the SoCalGas bill if different from site address).

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

## POST INSTALLATION REQUIREMENTS

Checklist Items	Installer Initial	Comments
Installed controls per manufacturer's specs		
Verified that controls are operating as specified		
Left no safety hazards		
Removed all installation debris		
Provided operator's manual for control to site personnel		
Provided maintenance and safety recommendations to site personnel		
Instructed site personnel on system fault conditions to watch for		
Left contact information on control box		
Other (describe)		

## CDWH SYSTEM INFORMATION

Action Taken	Yes or No	Comments
Added supply (HWS) pipe insulation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Added return (HWR) pipe insulation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pipe water leak repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pump water leak repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pump manufacturer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wattage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Added backflow prevention valve	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Added isolation valve	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Added bleeder valve	<input type="checkbox"/> Yes <input type="checkbox"/> No	



## APPLICATION CHECKLIST

Before mailing your completed application package, follow the checklist below to ensure proper handling of your rebate request:

- Application form** – complete required information, sign, date and send original.
- Terms and conditions** – review, sign, date and send original.
- Apartment and common area products form** – complete pertinent information.
- Product location form** – complete pertinent information.
- Include a copy of a recent **SoCalGas bill**: Name (customer of record), address and account number shown on bill must match name, site address and account number listed on the application form.
- Include a **receipt, invoice, or other proof of purchase** document that lists purchase date(s), manufacturer, make and model number of product. **BE SURE VENDOR INDICATES “PAID IN FULL.”**

If installing a controller for natural gas water heater or boiler:

- Include copy of **reservation request**
- Include valid **CSLB license number** from contractor or installer
- Post installation checklist** completed by eligible installer

### PLEASE REMEMBER

- Sign and date** Rebate Application and Terms and conditions pages. (Mail original signatures only, no copies accepted).
- Make copies** of all submitted documents for your records.
- Controller rebates require Post-Installation forms to be **filled out by eligible installer.**

Allow 90 days for application to be processed.

**INCOMPLETE AND INCORRECT APPLICATIONS CANNOT BE PROCESSED.** Resubmitted applications are processed on a first-come, first-serve basis, upon the new receipt date.

Call 1-800-508-2348 or email [multifamilyrebates@socalgas.com](mailto:multifamilyrebates@socalgas.com) with any questions.

### MAIL YOUR APPLICATION PACKAGE TO:

SoCalGas  
2019 Multifamily Rebate Program  
M.L. GT 20B3  
P.O. Box 513249  
Los Angeles, CA 90099-4722

