



**HOME ADVANTAGE PROGRAM (SINGLE FAMILY)
DUKE ENERGY CORPORATION**

* Denotes Required Field

* CUSTOMER		ACCOUNT NUMBER (To be completed by Duke Energy)	
* ADDRESS OF HOME/UNIT BEING CERTIFIED		VOID SIX MONTHS AFTER DATE PERMANENT ELECTRIC METER IS SET AT PREMISE METER SET DATE (FOR OFFICE USE ONLY)	
* CITY			
STATE/ZIP CODE		* CONDITIONED AREA (SQ FEET)	
* BUILDER NAME	SUBDIVISION/COMPLEX NAME	HVAC COMPANY	

HOME ADVANTAGE - ENERGY SAVER * All Ducts Sealed to Duke Energy Specifications YES

NOTE: INCENTIVE FOR WINDOWS, WINDOW SCREEN OR WINDOW FILM: COMPLETE FORM # 921217W			# OF UNITS THAT QUALIFY FOR INCENTIVE	TOTAL INCENTIVE
HVAC Commissioning	<input type="checkbox"/>		_____ @ \$50	
Conditioned Space Air Handler Note: Before and after plans must be submitted.	<input type="checkbox"/>		_____ @ \$50	
Reflective Roof Material	Brand/Manufacturer	Model		
	Material Type	Installed Sq. Feet	<input type="checkbox"/>	\$100/Home
Attic/Roof Deck Insulation Minimum R-20	Product Type and R Value	Installed Sq. Feet	<input type="checkbox"/>	\$100/Home
Wall Insulation Minimum 2X Code	Product Type and R Value	Installed Sq. Feet/Wall Area	<input type="checkbox"/>	\$200/Home
Install Energy Recovery Ventilation System (ERV)		# of Units Installed	<input type="checkbox"/>	_____ @ \$150
MANUFACTURER NAME (UNIT #1)		MODEL NUMBER		
MANUFACTURER NAME (UNIT #2)		MODEL NUMBER		

HOME ADVANTAGE - ENERGY SAVER PLUS - Must meet Home Advantage Energy Saver Requirements one PLUS the following:

R-19 With Radiant Barrier w. Emissivity Rating ≤ 0.06

Attic Insulation - R-30

Ducts designed by using Manual D

TOTAL # OF HEAT PUMPS IN THE HOME _____

Must Install Heat Pump with a Minimum Efficiency of SEER ≥ 14.0 and HSPF ≥ 7.8 _____ @ \$125

Must Install Heat Pump with a Minimum Efficiency of SEER ≥ 16.0 and HSPF ≥ 8.1 _____ @ \$325

MANUFACTURER NAME - 1st Unit Installed (DOCUMENTATION REQUIRED)	SEER	HSPF	
OUTDOOR MODEL NUMBER	INDOOR MODEL NUMBER		
MANUFACTURER NAME - 2nd Unit Installed (DOCUMENTATION REQUIRED)	SEER	HSPF	
OUTDOOR MODEL NUMBER	INDOOR MODEL NUMBER		

Enter HVAC contractor verification below

DATE _____ FORM COMPLETED BY (PRINT) _____

COMPANY NAME (PRINT): _____

I CERTIFY THAT THE AIR FLOW AND REFRIGERANT CHARGE MEET THE MANUFACTURER'S RECOMMENDATIONS AND SPECIFICATIONS FOR THE SYSTEM INSTALLED.
I CERTIFY THAT THE UNIT IS TESTED AND LEAK FREE.

HOME ADVANTAGE - PREMIUM ENERGY SAVER/ENERGY STAR MUST MEET ENERGY SAVER AND ENERGY STAR REQUIREMENTS INCENTIVE FOR 3RD PARTY INDEPENDENT HERS RATING - REGISTRATION REQUIRED

\$_____ (total) \$425 max

SPECIFIC DOCUMENTATION IS REQUIRED FOR EACH INCENTIVE PAID **Total Incentive Due \$**

* AUTHORIZED SIGNATURE _____ * DATE _____