

FOR OFFICE USE ONLY

STATE OF CONNECTICUT - OFFICE OF POLICY AND MANAGEMENT  
**FURNACE REPLACEMENT REBATE PROGRAM**  
**JULY 1, 2007 – APRIL 15, 2009**

FOR OFFICE USE ONLY

Application No.:

 Approved  Denied

Reviewer Initials:

Date Rebate Issued:

Rebate Amount:

**APPLICATION AND VERIFICATION FORM**

PLEASE PRINT OR TYPE

**APPLICANT INFORMATION**

Name (Last, First, Middle Initial):

Social Security Number:

□	□	□	—	□	□	—	□	□	□	□
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Mailing Address:

City:

State:

Zip Code:

Phone Number:

Street Address Where Furnace/Boiler Was Replaced (if different from mailing address):

City:

State: CT

Zip Code:

If Different Than Mailing Address, Please Explain:

What is the type of residential structure where the furnace/boiler was replaced? (check only one)

 Single-family
  Multi-family, # of units: \_\_\_\_\_
  Apartment/Condo, # of units: \_\_\_\_\_
Did you file a Federal Income Tax Return for 2007?  YES  NO

What was your Federal Filing Status for 2007? (check only one)

 Unmarried Individual
  Married Filing Separately
  Head of Household
  Married Filing Jointly
What was your Connecticut Adjusted Gross Income (CT AGI) for 2007? \$ 

□	□	□	,	□	□	□	,	□	□	□
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**FURNACE / BOILER INFORMATION****NEW SYSTEM INFORMATION** Furnace  Boiler (check only one) Natural Gas  Propane  Oil (check only one)

Brand Name:

Model Name:

Model Number:

AFUE:

Installation Date:

**OLD SYSTEM INFORMATION\*** Furnace  Boiler (check only one) Natural Gas  Propane  Oil (check only one) Other, please specify: \_\_\_\_\_Approximate Age:  0 - 5 years  5 - 10 years(check only one)  10 - 20 years  over 20 years

AFUE: (if known)

*\*please share if available***FURNACE / BOILER INSTALLER INFORMATION**

Installer Name:

Installer License No.:

Phone Number:

Installer Address:

City:

State:

Zip Code:

**APPLICANT INFORMATION**

Name (Last, First, Middle Initial):

Social Security Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**DECLARATIONS AND INSTALLATION VERIFICATION**

I understand that the Connecticut Office of Policy and Management (OPM) does not make any warranty concerning the performance, operation, installation or any other characteristic or feature of the replacement furnace or boiler. OPM is not responsible for the furnace or boiler warranties or guarantees, expressed or implied.

I understand that OPM approval is only for purposes of obtaining the Furnace Replacement Rebate Program rebate.

I certify that the furnace or boiler system described in this application was purchased on, or after, July 1, 2007 and is installed.

I understand that OPM may be required to disclose the name, address and phone number from this application under the Connecticut Freedom of Information Act (Connecticut General Statutes, Chapter 14, Section 1-210).

I understand that this Furnace Replacement Rebate may be considered taxable income and may be subject to Federal and State Income Tax. Please consult your tax advisor for your specific situation.

I authorize OPM to use information provided on this application, including my Social Security Number, to confirm my furnace rebate eligibility by verifying my filing status, income level and income year with the Connecticut Department of Revenue Services.

By signing below, I certify that all the information described in this Furnace Replacement Rebate Program Application and Verification Form and all the documents provided with this Furnace Replacement Rebate Program Application and Verification Form are accurate and true and that I have read and understand the Furnace Replacement Rebate Program Guidelines.

**APPLICANT SIGNATURE and NOTARIZATION**

*(DO NOT sign and date this form until in the presence of a Commissioner of the Superior Court or Notary Public.)*

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

**Signature of Commissioner of the Superior Court or Notary Public:** \_\_\_\_\_

*(NOTARY SEAL)*