

ELIGIBILITY AND INSTRUCTIONS FOR COMPLETING THIS FORM (Please read)

- ❖ Incentive(s) not to exceed 50% of the cost of project.
- ❖ Incentives will be issued in the form of a bill credit placed on the submitted member's account.
- ❖ Equipment must be purchased and/or installed in 2026.
- ❖ Installed equipment must be on Cooperative's Natural Gas lines.
- ❖ Incentives are in place from January 1, 2026, through December 22, 2026, or until funds are depleted.
- ❖ Please allow 3-5 weeks for your incentive to be processed once proper documentation has been received.
- ❖ JCE Co-op reserves the right to inspect and verify equipment and installation.
- ❖ All accounts are eligible for only **ONE** incentive per appliance/unit within a 5-year time period.
- ❖ Submit **ALL** documentation listed below no later than 3 months after purchase and installation and **no later than December 22, 2026**, {however, members are encouraged to submit as soon as possible to ensure incentive}:

**Do Not
Staple**

- ✓ This **incentive form**.
- ✓ A **copy of your receipt or invoice** for each item purchased (must include model #, size and efficiency specs.).
- ✓ **AHRI Certified Reference Number to verify efficiency of system.** (Model #'s must match installed equip.)
- ✓ In the case of fuel switching, a **vendor certification** is required indicating the fuel source was changed (if member has switched from propane, fuel oil, or electricity provided by another utility). This can be in the form of a signed letter, from the contractor, stating what fuel source the unit was switched from.

Submit required documentation to: JCE Co-op • Attn: Member Services Department; Incentive Request • P.O. Box 390 • Elizabeth, IL 61028

MEMBER INFORMATION (Please fill out entire section)

Member Name			Email		
			I wish to receive digital communications with information about the cooperative, its programs and services. <input type="checkbox"/> Opt Out		
Address			Account #:		Phone
City	State	Zip	Date	Member Signature	
Incentive for: <input type="checkbox"/> Residential <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institution/Government <input type="checkbox"/> Other:					

INCENTIVE INFORMATION (Please fill in shaded boxes for all items which you are requesting an incentive)

Equipment	Specifications	Check <input checked="" type="checkbox"/>	Incentive Total:
NEW Natural Gas Heating Unit			
Natural Gas Furnace/Boiler	AFUE ≥ 95% AHRI Certified Reference Number: _____	<input type="checkbox"/>	\$125 ea.
AFUE: _____ % Input BTU Rating: _____ Eae: _____ ECM: Yes or No			
Fuel Switching & New Service Incentive (New & Existing units)			
Fuel Switching	Requires a Vendor Certification showing that Fuel has been switched from propane, fuel oil, or electricity provided by another utility. BTUs of Switched System: _____	<input type="checkbox"/>	\$200 ea.

NEW Natural Gas Appliance Incentive			
Natural Gas Water Heater	UEF ≥ 0.67 {Submit MODEL # and Documentation of (UEF) Uniform Energy Factor} UEF: _____	<input type="checkbox"/>	\$50 ea.
Natural Gas Appliances	<input type="checkbox"/> STOVE <input type="checkbox"/> CLOTHES DRYER <input type="checkbox"/> FIREPLACE INSERT <input type="checkbox"/> GENERATOR <input type="checkbox"/> OTHER _____		\$50 per appliance
Fuel Switching & New Service Incentive (New & Existing units)			
Fuel Switching (per appliance)	Requires a Vendor Certification showing that Fuel has been switched from propane, fuel oil, or electricity provided by another utility. Provide BTUs of Switched Existing Systems.	<input type="checkbox"/>	\$100 per appliance

MULTIPLE BONUS!!!!			
Fuel Switch Heat & Appliances	Members who switch a HEATING UNIT and at least ONE Additional APPLIANCE from propane, fuel oil, electricity, or... provided by another utility qualify for an Additional Incentive PER APPLIANCE .	<input type="checkbox"/>	\$50 per appliance

EXAMPLE: New 96% Furnace + Water Heater + Fuel Switching + MULTIPLE BONUS = \$525 Total Incentive Requested \$

Provide AHRI #'s for ALL HVAC Equipment. (Model #'s must match installed equip.)

OFFICE USE ONLY			
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved - Reason:	DG System Connection: Y or N	Code:	87 (JCE)
Date of Purchase:	Invoice Amount:		
Member Services Representative:	Date:	Incentive Issued:	
Billing Services Representative:	Date:	\$	