

# ENERGYWISE™ funding for solar water heating



## Grant claim form

### SECTION 1 – HOMEOWNER'S DETAILS HOMEOWNER TO COMPLETE

Name	FIRST NAME		LAST NAME	
Contact address	STREET NUMBER		STREET NAME	
	SUBURB	CITY	POST CODE	
Installation address (if different from above)	STREET NUMBER		STREET NAME	
	SUBURB	CITY	POST CODE	
Email address				
Phone number			Mobile number	
Building consent number			Consenting council	
Type of building* (tick one)	<input type="checkbox"/> New house			
	<input type="checkbox"/> Existing house			
Total cost of solar*	\$		<b>(including installation and building consent)</b>	

\*required for statistical use only

### I, THE HOMEOWNER DECLARE THAT:

- the Registered System identified on this form has been installed at the Installation address above; and
- the Installation address listed above is my primary residential property; and
- no other application for a solar water heating grant has been made for the Installation address listed above; and
- I have received the owner's instruction manual and warranty information from the Retailer; and
- EECA may have access to my property to conduct an audit of the installation, and if requested provide relevant documentation to verify this claim; and
- the information provided in this Claim Form is correct and complete to the best of my knowledge; and
- I have attached a bank encoded document (bank deposit slip, bank statement) which shows my name and bank account number. (All payments will be paid electronically into your bank account.)

***This completed form must be received by EECA within 6 weeks of the installation date to be eligible for a grant.  
Failure to provide all information and complete all three sections of the form may result in this claim being declined.***

### Homeowner to sign:

Signed			
Name		Date	

All personal information on this form is collected and held by the Energy Efficiency & Conservation Authority (EECA). Under the Privacy Act 1993, all individuals have the right of access to, and correction of, their personal information held by EECA. EECA may use personal information from this form for administrative purposes related to the Grants Scheme, including sharing it (except for cost information) with local authorities and other bodies including industry associations for the purpose of verifying building consents and/or administering the Grants Scheme compliance process.

**Post** EECA  
PO Box 388  
Wellington 6140

**Fax** (04) 499 5330  
**Email** solarfinance@eeca.govt.nz  
**Phone** 0800 358 676

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## SECTION 2 – RETAILER'S DETAILS COMPANY'S AUTHORISED SIGNATORY TO COMPLETE AT THE TIME OF SALE

Participating retailer	<input type="text" value="COMPANY OR INDIVIDUAL NAME"/>			
Phone number	<input type="text"/>	<input type="text"/>	Mobile number	<input type="text"/>
EECA retailer ID number	<input type="text"/>		EECA package system ID number	<input type="text"/>
Date of sale	<input type="text" value="DATE"/>		Level of grant (tick one)	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$500
Retrofit to existing tank	<input type="checkbox"/> No	<input type="checkbox"/> Yes		

### I, THE RETAILER DECLARE THAT:

- The homeowner has been informed of all Scheme criteria and the relevant level of grant before being sold the above Registered System; and
- this Registered System has been sold and will be installed in accordance with all the rules in the Grant Scheme Protocol; and
- this Registered System to be installed will use only the system components published on the ENERGYWISE™ website; or
- this Registered System will be installed as per the package system variation rules using the following variations:

### List the variations applied to the Registered System:

	Tank size	Brand	Model	Warranty period
Tank	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
System controller	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
System pump	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- the information provided in this Claim Form is correct and complete to the best of my knowledge; and
- a copy of the Sales and Purchase Agreement for this installation is attached to this Claim Form.

### RETAILER AUTHORISED SIGNATORY ONLY TO SIGN

Signed	<input type="text" value="AUTHORISED SIGNATORY"/>		
Name	<input type="text"/>		
Title	<input type="text"/>	Date	<input type="text"/>

## SECTION 3 – INSTALLER'S DETAILS REGISTERED INSTALLER TO COMPLETE AT THE TIME OF INSTALLATION

Participating installer	<input type="text" value="COMPANY OR INDIVIDUAL NAME"/>		
EECA installer ID number	<input type="text"/>	Date of installation	<input type="text" value="DATE"/>

### I, THE INSTALLER DECLARE THAT:

- I have installed the Registered System identified on this form; and
- I have verified that the Homeowner obtained a valid Building Consent prior to installation; and
- I have installed this Registered System in accordance with all the rules in the Grant Scheme Protocol; and
- I have installed this Registered System in accordance with the New Zealand Building Code and the terms of the Building Consent.

### INSTALLER REGISTERED INSTALLER TO SIGN

Signed	<input type="text" value="AUTHORISED SIGNATORY"/>		
Name	<input type="text"/>		
Date	<input type="text"/>		

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