

Water Resources Association San Benito County (WRASBC)  
P.O. Box 899, 30 Mansfield Road, Hollister, CA 95024-0899

(831) 637-4378

**REBATE PROGRAM APPLICATION**

Date: \_\_\_\_\_

1. **Application for:**     Toilet     Landscape Hardware

\*Water Softener

\*( water softener and turf removal rebate programs require pre-inspections; toilet pre-inspection is required for 3 or more toilets)

**Eligibility (check one):**

Water Provider/Utility (check one):    City of Hollister    City of SJB

Sunnyslope County Water District    CSA 31 (Stonegate)

Water Provider Account Number: \_\_\_\_\_

**APPLICANT/\*\*PAYEE\*\*** (\*\*Name as shown on tax return. Check will be remitted to this name at this address – please print legibly):

Customer: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

What is the best time to reach you M-F between 8:00 AM - 4:30 PM?

\_\_\_\_\_

Rebate # \_\_\_\_\_

Amount \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**3. W-9 IRS REBATE REPORTING INFO:**

W-9 Form: Rebate Program participants receiving \$600 or more in rebates in a calendar year are required to receive an IRS Form 1099 unless exemptions apply.

WRASBC will report payments made of \$600 or more to the **\*\*Payee\*\*** 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 are exempt. Rebate Program participants are responsible for all applicable taxes. You are urged to consult with your tax advisor concerning the tax requirements of rebates. WRASBC is not responsible for any taxes that may be imposed on you as a result of this rebate.

EIN or Federal Tax ID: \_\_\_\_ - \_\_\_\_\_

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Tax Status:    Individual/Sole Proprietor or single member LLC

C Corporation     S Corporation

Partnership     Trust/estate

Limited Liability Company (LLC): Enter the tax classification (C = C corporation, S = S corporation, P = partnership: \_\_\_\_\_

Exempt (Tax exempt, non-profit)

**2. CONTACT NAME (if applicant or service location is different from above):**

Contact Person Relationship to Account Holder:    Property owner    Tenant    Contractor    Family Member

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ PO Box/Apt/Unit \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**4. I AM APPLYING FOR THE FOLLOWING REBATE(S):**

<p>A. <input type="checkbox"/> Toilet(s) (pre 1992)</p> <p><b>This program is only for replacing toilets older than 1992</b></p> <p>Number of Toilets to be Replaced: _____</p> <p>Number of Toilets to be Returned: _____</p>	<p><u>Check one:</u></p> <p><input type="checkbox"/> Rebate of \$75 on Toilet(s) Purchased by \$ _____ Customer</p> <p><input type="checkbox"/> \$10 Additional rebate for toilets \$ _____ returned (does not apply to Free Toilets)</p>
<p>B. <input type="checkbox"/> Water Softener</p> <p>Model : _____</p> <p>Serial #: _____</p>	<p><u>Check one:</u></p> <p><input type="checkbox"/> \$250 (replaced water softener with off-site service)</p> <p><input type="checkbox"/> \$300 (demolished water softener)</p>
<p>C. Landscape Hardware</p> <p>(50% rebate – maximum \$100)</p>	<p><input type="checkbox"/> MP Rotators \$ _____ x 50% = \$ _____</p> <p><input type="checkbox"/> Hose Timer \$ _____ x 50% = \$ _____</p> <p><input type="checkbox"/> Rain Sensor \$ _____ x 50% = \$ _____</p>

**5. QUALIFICATION DOCUMENTS (WATER BILL/PURCHASE RECEIPTS):**

- A. \_\_\_ Attached is a copy of my most recent water bill
- B. \_\_\_ Attached is an original detailed receipt of purchases (purchases made within the last 6 months)

**6. TERMS/CONDITIONS/ACKNOWLEDGEMENT/DISCLAIMERS:**

I, the undersigned, understand the program guidelines and the terms and conditions of the rebate program I have applied for. I have read, understand and will comply with all program requirements. I agree that the WRASBC and its participating member agencies may visit the premises and inspect existing conditions, if applicable, and to verify that work has been performed in accordance with the program requirements. WRASBC nor its participating member agencies make any determination with respect to whether materials or equipment are free of defects, the quality of workmanship, or the suitability of the premises or materials or equipment for installation. I also understand that participation in these programs may not result in a lower water bill. I agree to defend, indemnify and hold harmless the WRASBC and its member agencies, its directors, officers, agents and employees against any and all loss, liability, expense, claims, suits and damages, including attorneys' fees, arising out of or resulting from participation in the program, including without limitation, the installation of irrigation equipment and landscape materials. I also agree to allow the WRASBC to review water consumption records at the property where the rebate program took place to quantify water savings from the program.

I have read, understand, and agree to the Terms and Conditions of this rebate program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Upon completion of all requirements of the rebate program, you will receive your rebate within 30-45 days