

# Home Performance with ENERGY STAR Reservation Data Collection



Homeowner Name:		Phone: ( )		
Homeowner Physical Address:		City:	Zip:	
		, IL		
Homeowner Mailing Address:		City:	Zip:	
Program Ally Company Name:				
Program Ally Contact Name:		Mobile: ( )		
<input type="checkbox"/> Ameren Illinois GAS Customer	GAS Account Number: [ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ]			
<input type="checkbox"/> Ameren Illinois ELECTRIC Customer	ELECTRIC Account Number: [ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ]			
Primary Heating Fuel <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Heating System: <input type="checkbox"/> Heat Pump <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Baseboard			
Cooling System: <input type="checkbox"/> Heat Pump <input type="checkbox"/> Central AC <input type="checkbox"/> Other				
<b>ESTIMATED INCENTIVES YOU ARE APPLYING FOR</b>				
Measure	Incentive Rate	Quantity	Maximum	Sub-Total
Air Sealing	\$0.40 per CFM	_____ CFM	\$1200	\$_____ . _____
Attic Insulation – R11 or less Improved to R49 or greater	\$0.50 per SF	_____ SF	\$800	\$_____ . _____
Attic Insulation – R19 or less Improved to R49 or greater	\$0.40 per SF	_____ SF	\$800	\$_____ . _____
Wall Insulation	\$0.80 per SF	_____ SF	\$1,200	\$_____ . _____
Crawl Space Insulation	\$2.00 per LF	_____ LF	\$800	\$_____ . _____
Rim Joist Insulation Per linear Foot	\$1.00 per LF	_____ LF	\$400	\$_____ . _____
For Program Ally office use:			<b>Total Requested</b>	\$_____ . _____
<b>Reservation Submission Date:</b>	<b>Reservation (Approved / Declined) Date:</b>	<b>Reservation number:</b>	<b>Incentive application DEADLINE DATE (approval date + 45 days):</b>	

## IMPORTANT

- This form is required to be submitted and approved prior to work beginning.
- The form should be filled digitally using [Adobe Reader®](#)
- The form MUST be submitted completely and accurately.
- The subject line and file name must read: Ally name - Homeowner Last - Homeowner First  
**Example: Insulators Inc-Jones-Mary.**
- A reservation number will be provided via email response, it is NOT transferable and this number must be provided on the incentive application when submitted.
- Please estimate final invoice as accurately as possible.
- Final invoice must be no more than 10% greater than estimate and must not exceed the incentive cap.
- Once approved, all jobs must be submitted for incentive(s) within **45 calendar days** of approval.
- Please notify us if your customer chooses not to move forward so that we may reserve the next applicant in line. We will then document and remove their reservation.
- Applications that are denied must be resubmitted during the following month for consideration.
- Once complete and **saved to your computer**, send the form: [HEPreservationrequests@csgroup.com](mailto:HEPreservationrequests@csgroup.com)

Please direct all correspondence to:

Ameren Illinois ActOnEnergy Residential Programs  
300 Liberty Street, 4th Floor, Peoria, IL 61602

Fax: 309.673.3370 • Toll-free: 1.866.838.6918 • ActOnEnergy.com

