

Rebate Application Form

INSULATION AND AIR SEALING

Air Sealing, Attic Insulation, Basement Wall Insulation, Exterior Wall Insulation and Rim Joist Insulation

UP TO \$500
REBATE PER CATEGORY

Enhanced income-based rebates

Households at 0%–250% of the federal poverty level (FPL) are eligible for the following rebates. Households at 0%-200% may qualify for free [WRAP assessment](#).

The FPL is calculated based on household size and income.

- Air Sealing: **up to \$165**
- Attic Insulation: **up to \$575**
- Basement Wall Insulation: **up to \$575**
- Exterior Wall Insulation: **up to \$575**
- Rim Joist Insulation: **up to \$575**

Check this box if you qualify based on the following household income table.

People per household	Enhanced rebates	WRAP assessments
1	Up to \$39,900	Up to \$23,940
2	Up to \$54,100	Up to \$32,460
3	Up to \$68,300	Up to \$40,980
4	Up to \$82,500	Up to \$49,500
5	Up to \$96,700	Up to \$58,020
6 +	+ \$14,200/ person	+ \$8,520/ person

FPL guidelines are updated annually by the Department of Health and Human Services. These values reflect 2026 income levels and will be updated annually.

Bonus rebate

Receive a **\$350 bonus** by completing three or more qualifying projects.

INSULATION AND AIR SEALING: Air Sealing, Attic Insulation, Basement Wall Insulation, Exterior Wall Insulation, Rim Joist Insulation

EFFICIENT EQUIPMENT: Air-Source Heat Pump, Central A/C, Ground-Source Heat Pump, Heat Pump Water Heater, Mini-Split Heat Pump, Solar Water Heater

Offer valid for households at 0%-250% FPL. Complete projects within a rolling one-year period. At least one insulation or air sealing project is required.

Customer information

*Indicates required field

*PPL Electric Utilities 10-Digit Account # _____

*First Name _____ *Last Name _____

*Service Address _____

*City _____ *State _____ *ZIP Code _____

*Phone _____ *Email _____

Mailing Address (required if different from your service address)

City _____ State _____ ZIP Code _____

*What type of home do you live in?

A multifamily building has three or more individual residential-use units. Rowhomes/townhouses and duplexes with two units are not considered multifamily.

Single Family Multifamily Other



Product information

Product eligibility	<ul style="list-style-type: none"> • Home Heating/Cooling: Insulation and air sealing must take place in an existing permanent dwelling with living quarters. • Measures installed in new home construction, workshops, garages and outbuildings are not eligible. Homes must have primary electric heat or central A/C with non-electric heat. • If the account is a business, you may be required to provide business type, tax status and W-9. 				
	Contractor	*Company Name	*Installer Name	Email	Telephone #
	Address		City	State	ZIP Code

Air sealing product information (blower door testing required)

Product eligibility	<ul style="list-style-type: none"> • Must be performed in accordance with BPI standards with pre- and post-blower door testing. • Must show at least 10% improvement and equate to a \$25 minimum rebate amount to qualify. 				
	Rebate	Measure Air Sealing	Rebate Amount \$0.25 per Cubic Feet per Minute (CFM) Reduction	Electric Heat Rebate Max \$150 [†]	
Air sealing	Measure Air Sealing	*Date Installed	Item Cost on Invoice	*Blower Door Test In (Pre CFM50)	*Blower Door Test Out (Post CFM50)
	*Did home pass post-air sealing combustion safety zone testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Combustion Appliance				
	*Is ductwork present in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No				

*Indicates required field

Signature required on page 10

Air sealing product information, continued (blower door testing required)

Air sealing (continued)	*Infiltration Treatments and Locations of Air Sealing		
	<input type="checkbox"/> Caulk Windows _____	<input type="checkbox"/> Caulk Doors _____	<input type="checkbox"/> Weatherstripping _____
	_____	_____	_____
	_____	_____	_____
	<input type="checkbox"/> Spray Foam _____	<input type="checkbox"/> Air Barrier Realignment _____	<input type="checkbox"/> Other _____
	_____	_____	_____
	_____	_____	_____
	Building Sq. Ft.	Foundation Type:	Building Siding Type:
		<input type="checkbox"/> Crawlspace <input type="checkbox"/> Unfinished	<input type="checkbox"/> Aluminum <input type="checkbox"/> Vinyl
	*Conditioned Volume of Home Cu. Ft.	<input type="checkbox"/> Slab <input type="checkbox"/> Unknown	<input type="checkbox"/> Brick <input type="checkbox"/> Wood
	<input type="checkbox"/> Finished <input type="checkbox"/> Other	<input type="checkbox"/> Masonry <input type="checkbox"/> Other	
*Existing Heating System (check one)			
<input type="checkbox"/> Air-Source Heat Pump	<input type="checkbox"/> Electric Resistance	<input type="checkbox"/> Mini-Split Heat Pump	
<input type="checkbox"/> Electric Furnace	<input type="checkbox"/> Electric Space Heater	(check room type)	
	<input type="checkbox"/> Ground-Source Heat Pump	<input type="checkbox"/> Natural Gas Furnace	
		<input type="checkbox"/> Oil Furnace	
		<input type="checkbox"/> Propane Furnace	
		<input type="checkbox"/> Other	
*Existing Heating System Capacity (kBTU)			
*Existing Cooling System (check one)			
<input type="checkbox"/> Air-Source Heat Pump	<input type="checkbox"/> Ground-Source Heat Pump	<input type="checkbox"/> No Cooling	
<input type="checkbox"/> Central A/C	<input type="checkbox"/> Mini-Split Heat Pump (check room type)		
*Existing Cooling System Capacity (kBTU)			
*Room Type (check one, if mini-split heat pump is selected)			
<input type="checkbox"/> Basement	<input type="checkbox"/> House Hallway	<input type="checkbox"/> Living/Family Room	
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Kitchen/Dining Area	<input type="checkbox"/> Office/Study	
<input type="checkbox"/> Bedroom	<input type="checkbox"/> Laundry Room/Mudroom	<input type="checkbox"/> Recreation/Media Room	
		<input type="checkbox"/> Storage Room	
		<input type="checkbox"/> Sunroom/Seasonal Room	
Ductwork	*Duct Location	*Leakage Type	*Duct R-Value
	<input type="checkbox"/> Attic	<input type="checkbox"/> Average (some or no observable leaks)	<input type="checkbox"/> R-0 <input type="checkbox"/> R-4+
	<input type="checkbox"/> Basement	<input type="checkbox"/> Leaky (significant/catastrophic leaks)	<input type="checkbox"/> R-2 <input type="checkbox"/> R-8+
	<input type="checkbox"/> Vented Crawlspace	<input type="checkbox"/> Tight (connections sealed with mastic)	

*Must show at least 10% improvement and at least a 100 CFM reduction.

Attic insulation product information

Product eligibility

- The new insulation must achieve an R-value greater than the existing insulation R-value. Attic is the space directly beneath the roof of a structure.

Rebate

Measure	Rebate Amount	Electric Heat Rebate Max	Central A/C and Non-Electric Heat Rebate Max
Attic Area Insulation	75% of Cost*	\$500	\$200

Attic insulation

Attic Area 1 Insulation

*Previous Inches of Insulation ____ Inches x 2.5 = R- ____**	*New Insulation <input type="checkbox"/> Batt <input type="checkbox"/> Spray-On <input type="checkbox"/> Other: <input type="checkbox"/> Blown-in <input type="checkbox"/> Rigid Board			Insulation Manufacturer
*Insulation R-Values Reference Chart Selection**	*Date Installed	*Added R-Value R- _____	*Area Insulated (sq. ft.)	Cost of Service

Attic Area 2 Insulation

*Previous Inches of Insulation ____ Inches x 2.5 = R- ____**	*New Insulation <input type="checkbox"/> Batt <input type="checkbox"/> Spray-On <input type="checkbox"/> Other: <input type="checkbox"/> Blown-In <input type="checkbox"/> Rigid Board			Insulation Manufacturer
*Insulation R-Values Reference Chart Selection	*Date Installed	*Added R-Value R- _____	*Area Insulated (sq. ft.)	Cost of Service

***Existing Heating System (check one)**

- | | | |
|---|--|---|
| <input type="checkbox"/> Air-Source Heat Pump | <input type="checkbox"/> Electric Space Heater | <input type="checkbox"/> Mini-Split Heat Pump |
| <input type="checkbox"/> Electric Furnace | <input type="checkbox"/> Ground-Source Heat Pump | <input type="checkbox"/> No Heat |
| <input type="checkbox"/> Electric Resistance | | <input type="checkbox"/> Non-Electric Heating |

***Existing Cooling System (check one)**

- | | | |
|---|--|--|
| <input type="checkbox"/> Air-Source Heat Pump | <input type="checkbox"/> Ground-Source Heat Pump | <input type="checkbox"/> No Cooling |
| <input type="checkbox"/> Central A/C | <input type="checkbox"/> Mini-Split Heat Pump | <input type="checkbox"/> Room/Window A/C |

*Indicates required field

Signature required on page 10

Basement wall insulation product information

Product eligibility	<ul style="list-style-type: none"> Basement wall insulation: The new insulation's R-value must be at least a minimum of R-15 for continuous sheathing for interior or exterior of the home; or a minimum of R-19 cavity insulation. 			
	Rebate	Measure Basement Wall Insulation	Rebate Amount 75% of Cost*	Electric Heat Rebate Max \$500

Basement insulation	Basement Wall 1 Insulation					
	*Previous Inches of Insulation _____ Inches x 2.5 = R- _____**	*New Insulation <input type="checkbox"/> Batt <input type="checkbox"/> Spray-On <input type="checkbox"/> Other <input type="checkbox"/> Blown-In <input type="checkbox"/> Rigid Board			Insulation Manufacturer	
	*Insulation R-values Reference Chart Selection	*Date Installed	*Added R-Value R- _____	*Area Insulated (sq. ft.)	Cost of Service	
	Basement Wall 2 Insulation					
	*Previous Inches of Insulation _____ Inches x 2.5 = R- _____**	*New Insulation <input type="checkbox"/> Batt <input type="checkbox"/> Spray-On <input type="checkbox"/> Other <input type="checkbox"/> Blown-In <input type="checkbox"/> Rigid Board			Insulation Manufacturer	
	*Insulation R-Values Reference Chart Selection	*Date Installed	*Added R-Value R- _____	*Area Insulated (sq. ft.)	Cost of Service	

*Indicates required field

Basement wall insulation product information, continued

Basement insulation (continued)	Length of Foundation Wall Around Insulated Perimeter	Height of Insulated Foundation Wall Above Grade	Height of Insulated Foundation Wall Below Grade	Framing
	* _____ ft	* _____ ft	* _____ ft	<input type="checkbox"/> Externally Applied (continuous sheathing)
	<input type="checkbox"/> Stud Cavity			
	*Is the basement conditioned? <input type="checkbox"/> Yes <input type="checkbox"/> No			
*Existing Heating System (check one)				
<input type="checkbox"/> Air-Source Heat Pump <input type="checkbox"/> Electric Space Heater <input type="checkbox"/> No Heat <input type="checkbox"/> Electric Furnace <input type="checkbox"/> Ground-Source Heat Pump <input type="checkbox"/> Non-Electric Heating <input type="checkbox"/> Electric Resistance <input type="checkbox"/> Mini-Split Heat Pump				
*Existing Cooling System (check one)				
<input type="checkbox"/> Air-Source Heat Pump <input type="checkbox"/> Ground-Source Heat Pump <input type="checkbox"/> No Cooling <input type="checkbox"/> Central A/C <input type="checkbox"/> Mini-Split Heat Pump <input type="checkbox"/> Room/Window A/C				

*A labor invoice must be attached to qualify.

**R-value equals 2.5 times the number of inches of your previous insulation.

Exterior wall insulation product information

Product eligibility	<ul style="list-style-type: none"> Exterior Wall Insulation: The new insulation must achieve an R-value greater than the existing insulation R-value. 			
	Rebate	Measure Exterior Wall Area Insulation	Rebate Amount 75% of Cost*	Electric Heat Rebate Max \$500

Exterior wall insulation	Exterior wall Area 1 Insulation				
	*Previous Inches of Insulation ____ Inches x 2.5 = R- ____**	*New Insulation <input type="checkbox"/> Batt <input type="checkbox"/> Spray-On <input type="checkbox"/> Other: <input type="checkbox"/> Blown-in <input type="checkbox"/> Rigid Board			Insulation Manufacturer
	*Insulation R-Values Reference Chart Selection**	*Date Installed	*Added R-Value R- _____	*Area Insulated (sq. ft.)	Cost of Service
	Exterior wall Area 2 Insulation				
	*Previous Inches of Insulation ____ Inches x 2.5 = R- ____**	*New Insulation <input type="checkbox"/> Batt <input type="checkbox"/> Spray-On <input type="checkbox"/> Other: <input type="checkbox"/> Blown-In <input type="checkbox"/> Rigid Board			Insulation Manufacturer
	*Insulation R-Values Reference Chart Selection	*Date Installed	*Added R-Value R- _____	*Area Insulated (sq. ft.)	Cost of Service
	*Existing Heating System (check one)				
	<input type="checkbox"/> Air-Source Heat Pump <input type="checkbox"/> Electric Resistance <input type="checkbox"/> Ground-Source Heat Pump <input type="checkbox"/> No Heat <input type="checkbox"/> Electric Furnace <input type="checkbox"/> Electric Space Heater <input type="checkbox"/> Mini-Split Heat Pump <input type="checkbox"/> Non-Electric Heating				
	*Existing Cooling System (check one)				
	<input type="checkbox"/> Air-Source Heat Pump <input type="checkbox"/> Ground-Source Heat Pump <input type="checkbox"/> No Cooling <input type="checkbox"/> Central A/C <input type="checkbox"/> Mini-Split Heat Pump <input type="checkbox"/> Room/Window A/C				

*Indicates required field

Signature required on page 10

Rim joist insulation product information

Product eligibility	<ul style="list-style-type: none"> Rim Joist Insulation: The new insulation must achieve an R-value greater than the existing insulation R-value. The insulation must be sprayed foam, rigid foam or a combination. 			
	Rebate	Measure Exterior wall Area Insulation	Rebate Amount 75% of Cost*	Electric Heat Rebate Max \$500

Rim joist insulation	Rim Joist Area 1 Insulation				
	*Previous Inches of Insulation ____ Inches x 2.5 = R- ____**	*New Insulation <input type="checkbox"/> Spray-On <input type="checkbox"/> Rigid Board		Insulation Manufacturer	
	*Insulation R-Values Reference Chart Selection**	*Date Installed	*Added R-Value R- _____	*Area Insulated (sq. ft.)	Cost of Service
	Rim Joist Area 2 Insulation				
	*Previous Inches of Insulation ____ Inches x 2.5 = R- ____**	*New Insulation <input type="checkbox"/> Spray-On <input type="checkbox"/> Rigid Board		Insulation Manufacturer	
	*Insulation R-Values Reference Chart Selection	*Date Installed	*Added R-Value R- _____	*Area Insulated (sq. ft.)	Cost of Service
	*Existing Heating System (check one)				
	<input type="checkbox"/> Air-Source Heat Pump <input type="checkbox"/> Electric Resistance <input type="checkbox"/> Ground-Source Heat Pump <input type="checkbox"/> No Heat <input type="checkbox"/> Electric Furnace <input type="checkbox"/> Electric Space Heater <input type="checkbox"/> Mini-Split Heat Pump <input type="checkbox"/> Non-Electric Heating				
	*Existing Cooling System (check one)				
	<input type="checkbox"/> Air-Source Heat Pump <input type="checkbox"/> Ground-Source Heat Pump <input type="checkbox"/> No Cooling <input type="checkbox"/> Central A/C <input type="checkbox"/> Mini-Split Heat Pump <input type="checkbox"/> Room/Window A/C				

*Indicates required field

Signature required on page 10

Insulation R-values reference chart

(can be used to estimate existing and new R-values)

Typical insulation R-values reference chart	*Insulation Material (select installed material)	R-Value Per Inch	Times # of Added Inches	Added R-Value
	<input type="checkbox"/> Cellulose, High Density	3.2		
	<input type="checkbox"/> Cellulose, Loose Fill	3.7		
	<input type="checkbox"/> Fiberglass, Batts	3		
	<input type="checkbox"/> Fiberglass, Loose Fill	2.8		
	<input type="checkbox"/> Low-Density Urethane, Sprayed Foam	3.7		
	<input type="checkbox"/> Poly-Isocyanurate, Rigid Board	7		
	<input type="checkbox"/> Polystyrene, Expanded Rigid Board	4		
	<input type="checkbox"/> Polystyrene, Extruded Rigid Board	5		
	<input type="checkbox"/> Rockwool	3		
	<input type="checkbox"/> Urea Formaldehyde Foam	4		
	<input type="checkbox"/> Urethane, Sprayed Foam	6		
	<input type="checkbox"/> Vermiculite	2.7		
<input type="checkbox"/> Other				

How to apply

1. Purchase and install the qualifying product in a property with an active meter served by PPL Electric Utilities.
2. Mail the following to the address below:
 - a. Completed application.
 - b. Copy of a valid invoice. Invoice must include purchase date, product(s) purchased showing manufacturer and model number, quantity purchased and price paid. Circle the eligible purchase(s) on the invoice. Invoices missing any of this information will be rejected.

Mail to: PPL Electric Utilities Rebates
16350 Felton Road
Lansing, MI 48906

Submit online for a faster rebate
at ppl electric.com/MyRebate.

Program eligibility

- Promotion dates: **6/1/2026 to 5/31/2031**
- The complete rebate application must be submitted within **180 days of installation**. Missing information not provided within that period will affect eligibility.
- **IMPORTANT:** Photocopy or take a photo of your entire submission for your records. You could be required to mail or email these photocopies.

Terms and conditions

By signing below, you acknowledge and agree with the program terms and conditions found at ppl electric.com/terms.

Signature required

*Signature _____

*Date _____