



RainWise Rebate Form

Property owner, please fill out pages one and two of this form.

PROPERTY OWNER INFORMATION		
Name:		
Organization/Site Name: <i>(if applicable)</i>		
Site Address:		
City:	State:	Zip:
Mailing Address: <i>(if different than site address)</i>		
City:	State:	Zip:
Email address:	Phone number:	
Other Site Contacts <i>(optional)</i>		
Vendor/Contractor Business Name:		
Are you utilizing a VPO with your contractor? ☐ Yes ☐ No <i>If yes, work with you contractor to complete appropriate supplemental form(s) and include it in your package.</i>		
How did you hear about the RainWise Program? <i>(Optional)</i> ☐ RainWise event ☐ RainWise website ☐ RainWise newsletter ☐ Online advertisement ☐ Referral from friend/neighbor ☐ Other: ☐ Social media ☐ Newspaper/print		
Can we contact you with information about becoming a RainWise Ambassador? <i>(Optional)</i> <i>RainWise Ambassadors sometimes participate in outreach events and share their experience with others.</i> ☐ Yes ☐ No		
Would you be interested in receiving information from us in the future? <i>(e.g. email newsletters, maintenance reminders)</i> ☐ Yes ☐ No		

By signing this form, I certify that:

- I am the owner of the installation
- The information I have provided is complete and accurate
- I will maintain and keep the installed system in good working order for a minimum of five years (ten years for sites with roofs of > 5,000 sq. ft.)
- I grant the city or county (the utility providing the rebate) permission to conduct site inspections of my stormwater facility at times that are mutually acceptable to me and the utility.

Signature: _____

Printed Name: _____ Date: _____

Property Owner Demographic Questions (optional)

The RainWise program is collecting demographic information to better understand who we are serving and guide program development.

1. Which of the following broad ranges includes your age?

- | | |
|-----------------------------------|--|
| ☐ Under 18 | ☐ 55 – 64 |
| ☐ 18 – 34 | ☐ 65 or older |
| ☐ 35 – 54 | ☐ Decline to answer |

2. Are you of Hispanic, Latino, or Spanish origin? (For this survey, Hispanic origins are not races.)

- | | |
|--|--|
| ☐ No, not of Hispanic, Latino or Spanish origin | ☐ Yes, Puerto Rican |
| ☐ Yes, Mexican, Mexican American, Chicano | ☐ Yes, Cuban |
| ☐ Yes, another Hispanic, Latino, or Spanish origin - in "Other" box below, please specify, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc. | |
| ☐ Other (please specify) | |

3. What is your Race? Check all that apply.

- | | | | |
|--|-----------------------------------|-----------------------------------|--|
| ☐ White | ☐ Chinese | ☐ Filipino | ☐ Asian Indian |
| ☐ Vietnamese | ☐ Korean | ☐ Japanese | ☐ Native Hawaiian |
| ☐ Samoan | ☐ Chamorro | | |
| ☐ Black or African American - in "Other" box below, specify, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. | | | |
| ☐ American Indian or Alaska Native - in "Other" box below, specify, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. | | | |
| ☐ Other Asian - in "Other" box below, specify, for example, Pakistani, Cambodian, Hmong, etc. | | | |
| ☐ Other Pacific Islander - in "Other" box below, specify, for example, Tongan, Fijian, Marshallese, etc. | | | |
| ☐ None of the above | | | |
| ☐ Other (please specify; multiple answers okay) | | | |

4. What is the primary language spoken at your home?

- | | | | |
|--|-----------------------------------|----------------------------------|-------------------------------------|
| ☐ Amharic | ☐ Korean | ☐ Oromo | ☐ Tagalog |
| ☐ Arabic | ☐ Khmer | ☐ Russian | ☐ Tigrinya |
| ☐ Cantonese | ☐ Laotian | ☐ Spanish | ☐ Thai |
| ☐ English | ☐ Mandarin | ☐ Somali | ☐ Vietnamese |
| ☐ Japanese | | | |
| ☐ Decline to answer | | | |
| ☐ Other (please specify): | | | |

PROJECT INFORMATION

To be filled out by *utility staff*.

Name:

Organization/Site Name: *(if applicable)*

Site Address:

City:

State:

Zip:

Parcel Number:

Type of installation: *(Check all that apply)*

- ☐ Rain Garden
- ☐ Cistern overflowing to rain garden
- ☐ Cistern overflowing to conveyance channel
- ☐ Cistern overflowing back to sewer

Roof area draining to facility: _____ **square feet**

Cost of facility: \$

Maximum rebate amount: \$