



ALL FIELDS REQUIRED -  
ENTER N/A IF NOT  
APPLICABLE

## Residential New Construction Project Team Contact Info & Alternate Incentive Payee

<b>Rating Company</b>					
Business Name:					
<b>Construction Site (Unit) Information</b>					
Development Name:					
Street Address & Unit:					
City:		NJ		ZIP:	
<b>Developer (if applicable)</b>					
Business Name:		<input type="checkbox"/> Alternate Rebate Payee <i>(fill in below)</i>			
Phone:		E-mail:			
<b>Architect (for Zero Energy Ready Homes)</b>					
Business Name:		<input type="checkbox"/> Check if other architects are also used			
Contact First Name:		Last Name:			
Phone:		E-mail:			
<b>Insulation Contractor (for Zero Energy Ready Homes)</b>					
Business Name:		<input type="checkbox"/> Check if other insulation contractors are also used			
Contact First Name:		Last Name:			
Phone:		E-mail:			
<b>HVAC Contractor</b>					
Business Name:					
Contact First Name:		Last Name:			
Phone:		E-mail:			
<b>Incentive Payee (if other than Builder)</b>					
Incentive Payee:		Tax ID:			
Address:					
City:		State:	ZIP:		