



**MIAMI-DADE WATER AND SEWER DEPARTMENT
HIGH-EFFICIENCY TOILET (HET) REBATE PROGRAM
FOR PROPERTY OWNERS WITH A SENIOR TAX EXEMPTION**



PLEASE FILL OUT COMPLETELY

PLEASE NOTE THAT ONLY HOMEOWNERS WITH A SENIOR TAX EXEMPTION QUALIFY FOR THIS REBATE

Property Owner Name (print clearly): _____

Applicant Name (if different): _____

Home Phone: _____ Daytime Phone: _____ Cell Phone: _____

Installation Street Address: _____ UNIT # _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

If you live in a Condominium or Townhome, provide name of Homeowner's Association: _____

HOUSEHOLD INFORMATION

of bathrooms: _____ # people in household: _____ Year home was built: _____ **(Must Be Prior To 1996)**

FIXTURE INFORMATION

I AM REQUESTING A REBATE FOR: # _____ TOILET(S) # _____ INSTALLATION(S)

(Only EPA Water-Sense certified models are eligible- NO substitutions will be accepted.)

ATTACH THE **ORIGINAL SALES RECEIPT/INVOICE** SHOWING PAYMENT IN FULL FOR THE HET AND TOILET INSTALLATION. THE SALES RECEIPT SHOULD CLEARLY LIST THE NAME, ADDRESS & LICENSE NUMBER OF THE INSTALLATION CONTRACTOR AS WELL AS THE CUSTOMER NAME AND INSTALLATION ADDRESS. **REBATES FOR TOILET INSTALLATIONS WILL ONLY BE ISSUED FOR WORK PERFORMED BY CONTRACTORS LICENSED AND REGISTERED WITH MIAMI DADE COUNTY'S DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES** (information provided on reverse side)

Toilet Make and Model: _____

Installation Contractor/License #: _____

REBATE AGREEMENT – RELEASE OF LIABILITY

The rebate check will be made payable to the PROPERTY OWNER. Miami Dade Water & Sewer Department (WASD) may deny any application that does not meet all Program requirements. Program requirements are listed under the *Program Terms and Conditions for Participation* on the reverse side of this form. **WASD reserves the right to alter this Program at any time.** Rebates shall be issued on a first-come, first-served basis as long as Program funding exists. WASD reserves the right to modify Program funding at its discretion, and no person making any application for a rebate shall be guaranteed or entitled to receive a rebate. Visit www.miamidade.gov/waterconservation for the most current information on rebate qualifications and funding.

The undersigned agrees to allow WASD to inspect all fixture(s)/installation(s) as a condition for obtaining a rebate under this Program. WASD does not endorse or recommend any contractor and/or any high efficiency item approved for a rebate. WASD is not responsible for the quality of the item purchased and does not warrant or guarantee any product, nor any fixture comprising a component in any fixture or its installation. WASD does not represent that any particular fixture is suitable for installation at a given location, and disclaims all warranties of suitability or fitness for any purpose. WASD does not warrant or guarantee lower water bills as a result of participating in the Program. WASD is not responsible for any damage that may occur to applicant's property as a result of removing the old fixture or installing the new fixture under this Program. The undersigned acknowledges that installation of a fixture may require a building permit and the retention of a licensed contractor. Nothing herein shall prevent or stop Miami-Dade County from enforcing the terms of any portion of the Code of Miami-Dade County, the Florida Building Code and any permit issued thereto, or any other rule, statute, ordinance, or requirement, and no rebate shall be provided for work performed in contravention of any of the preceding. The undersigned is solely responsible for permitting and retention of a licensed contractor to perform the installation work.

The undersigned agrees to hold harmless WASD, its directors, officers, and employees from and against all loss, damage, expense and liability resulting from or otherwise relating to the purchase, installation, use, or removal of a fixture. By signing this form, I certify that I have read, understand, and agree to the terms and conditions of this rebate Program, including the *Program Terms and Conditions for Participation* on the reverse side of this form.

By signing your name here, you agree to the above "Rebate Agreement-Release of Liability" and the "Program Terms and Conditions for Participation" on the reverse side of this form. I understand that I must properly dispose of any replaced fixtures so that they cannot be reused.

Property Owner/Applicant signature: _____ Date: _____

Program Terms and Conditions for Participation

1. **This Program is for Miami Dade County property owners whose homes were constructed prior to 1996, have a Senior Exemption on their property taxes and occupy the residence full time. **A Senior Exemption is an additional property tax benefit available to homeowners 65 and older.** To qualify, a homeowner must meet the following criteria:**
 - a. **The property must qualify for a Homestead Exemption**
 - b. **At least one homeowner must be 65 as of January 1 of this year**
 - c. **Total 'Household Adjusted Gross Income' for everyone who lives on the Property cannot exceed statutory limits. Visit [Florida Property Tax Valuation and Income Limitation Rates](#) to view the household income limitation.**

2. **High Efficiency Toilet (HET) – Residence must be located within Miami Dade County's geographical boundaries and a maximum of two (2) toilet rebates over the life of the property are allowed. **Only EPA Water-Sense certified models are eligible- NO substitutions will be accepted.****

3. **The maximum number of rebate amounts allowed over the life of the property shall apply:**

Qualified Retrofit	MAXIMUM Possible Rebate	MAXIMUM Number per Property
WaterSense-certified Toilet	<ul style="list-style-type: none"> • Actual cost up to \$100 for first HET • Actual cost up to \$75 for second HET 	Two (2)
Installation of Fixtures by a Licensed Professional Contractor	<ul style="list-style-type: none"> • Actual cost up to \$100 for installation of one HET only • Actual cost up to \$125 for installation of two toilets only 	Two (2)

4. To qualify for an installation rebate, the name, address and license number of the installation contractor must be clearly listed on the invoice as well as the customer name and installation address. **Rebates for installation will only be issued for work performed by contractors currently licensed by Miami Dade County's Department of Regulatory and Economic Resources. To conduct a database search for licensed contractors visit <http://www.miamidade.gov/building/contractor-inquiry-search.asp>**
5. Rebates shall be provided on a first-come, first-served basis until Program funds are expended. **This Program is subject to available funds and WASD reserves the right to alter Program funding or Program requirements at any time without notice. WASD does not guarantee that Program funding shall be sufficient that all persons submitting applications shall receive a rebate.** Visit www.miamidade.gov/waterconservation for the most current information on rebate qualifications and funding.
6. **Original dated sales receipt(s) for new toilet and installation must be submitted with the rebate application. **COPIES OR DUPLICATES WILL NOT BE ACCEPTED. NOTE: SALES RECEIPT MUST INCLUDE PROOF THAT PAYMENT WAS MADE IN FULL** (i.e. credit card payment, PayPal, cancelled check, bank statement, etc.).**
7. **Incomplete applications and those without the original dated sales receipt will be returned to the applicant.** All receipts must show the itemized price for each item and/or service for which the rebate(s) is/are being requested and the receipt must show that the items/services were paid for in full.
8. Qualifying toilets must be installed in a manner which complies with all applicable laws, ordinances and building codes, before submitting the rebate.
9. Rebate application must be postmarked within 60 days of purchase and installation date.
10. WASD reserves the right to deny any applicant who does not meet Program requirements herein.
11. WASD is not responsible for rebates lost or delayed in the mail. Rebates shall be deemed to be received by the applicant upon mailing by WASD.
12. Miami-Dade County reserves the right to inspect the toilet installation prior to issuing a rebate.

Mail Application To: Miami-Dade Water and Sewer Department
 Water Use Efficiency Section
 3071 SW 38 Avenue
 Miami, FL 33146