### **Third Party Payment Addendum**

For work completed in RMP Territory



Let's turn the answers on.

#### Instructions

This form must be completed and signed if you are a property owner, landlord, property management company or homeowner association not listed on the account where qualified equipment was installed or services performed and you would like the incentive check(s) to be made payable to you. This form must also be submitted if you are the property owner and would like to assign payment either to a homeowner (if different than account holder) or a contractor.

Third party entities should review and complete the appropriate option below and submit the completed addendum and all required documentation with the incentive application for verification.

Need help completing this form? Call 1-800-942-0266 for assistance.

#### Option 1: For property owners, landlords and homeowners not listed on account

#### Instructions

Property owner or landlord must complete the information below and provide a copy of the current property tax record clearly showing the following:

- Date of report
- Property's physical address (must match installation address below and on incentive application)
- Full name of property owner/landlord (Individual or business; must match name printed below)

If the property tax records show the owner of the property to be a business, a completed and signed W-9 (www.irs.gov/pub/irs-

pdf/fw9.pdf) must also be submitted.	( <u></u>				
Installation address					
Name on account					
Installation address City _	State Zip				
Property owner/landlord information					
Individual or business name					
Business representative (if applicable)					
Mailing addressCity _	S tate Zip				
E-mail address	Daytime phone number				
Completed W-9 attached (if payment is to be made payable to a business): ☐ Yes ☐ No					
(Optional) I would like to make the incentive payable to homeowner listed below: □ Yes □ No					
Homeowner information (if different than property owner, such as some mobile homes)					
Individual or business name					
Business representative (if applicable)					
Mailing address City _	State Zip				
E-mail address	Daytime phone number				
Completed W-9 attached (if payment is to be made payable to a business): ☐ Yes ☐ No					
Property owner/landlord certification					
I hereby certify that all information is accurate, including the claims of customer and equipment information and property ownership. I have read all terms and conditions on the applicable Home Energy Savings program incentive application and acknowledge that Rocky Mountain Power may verify all the information provided.					
Signature	Date				

## Option 2: For property management companies

### Instructions

Property management companies can verify or update their existing landlord accounts or create new landlord accounts by calling Rocky Mountain Power customer service at 1-888-221-7070.

If there are individual tenant units not on an existing landlord account, you as a property management company can still direct payment to you by completing the information below and providing a letter <u>from the current Rocky Mountain Power account holder</u> authorizing incentive payment to the property management company and a completed and signed W-9 (<u>www.irs.gov/pub/irs-pdf/fw9.pdf</u>).

<u>Patriws.pat</u> ).  Installation address (Attach list of additional individ	ual account holders and instal	lation addresses)	
Name on account			
Property name			
Installation address	City	State 2	Zip
Property management company information			
Property management company name			
Representative name			
Mailing address	_ City	State	Zip
E-mail address	Day time phone	number	
Completed W-9 attached: ☐ Yes ☐ No			
Signed letter from account holder attached: $\square$ Yes	□ No		
Property management company certification			
I hereby certify that all information is accurate, include ownership. I have read all terms and conditions on the acknowledge that Rocky Mountain Power may verify	ne applicable Home Energy	Savings program incentiv	1 1
Signature		Date	
Option 3: Forhomeowner associations			
Instructions			
Homeowner association representative must comple Homeowners Association with the state and a comple			_
Installation address (Attach list of additional individ	ual account holders and insta	llation addresses)	
Name on account			
Installation address	_ City	S tate	Zip
Homeowner association information			
Homeowner association name			
Representative name	Home	owner association number	·
Mailing address	_ City	S tate	Zip
E-mail address	Day time phone	number	
Completed W-9 attached:  Yes No  Homeowner association certification			
I hereby certify that all information is accurate, include ownership. I have read all terms and conditions on the acknowledge that Rocky Mountain Power may verify	ne applicable Home Energy	y Savings program incenti	1 1 2
Signature		Date	

# Option 4: For assigning payments to contractor

# Instructions

Account holders have the option of completing the Third Party Payment Addendum for assigning payments to a contractor by completing the information below. The account holder and the contractor must both authorize incentive payment and the contractor must submit a completed and signed W-9, unless already submitted during trade ally enrollment (<a href="www.irs.gov/pub/irs-pdf/fw9.pdf">www.irs.gov/pub/irs-pdf/fw9.pdf</a>).

pdf/fw9.pdf).					
Installation Address					
Name on account					
Property name (if applicable)					
Installation address	City	S tate	_ Zip		
Contractor Information					
Contractor name (must match contractor's submitted	IRS Form W-9)				
Mailing address	City	State	_ Zip		
E-mail address	Day time phone number				
Completed W-9 attached: ☐ Yes ☐ No					
Authorized Representative Certification					
I hereby certify that all information is accurate, including the claims of customer and equipment information and property ownership. I have read all terms and conditions on the applicable Home Energy Savings program incentive application and acknowledge that Rocky Mountain Power may verify all the information provided.					
Account Holder Printed Name	Signature		Date		
Contractor Printed Name	Signature		Date		