MINNESOTA HOUSING

Fix Up Loan Program Supplemental Application for Unsecured Energy Incentive Loans

INSTRUCTIONS: Complete all information on this supplemental application and submit to a participating Minnesota Housing Lending Partner. The loan must be used exclusively for energy conservation improvements and cannot exceed \$30,000. Direct any questions to your Minnesota Housing Lending Partner.

REQUIRED ATTACHMENTS: Detailed contractor bids and/or estimates documenting the eligible energy conservation improvements.

MINNESOTA HOUSING LENDING PARTNER INFORMATION

Minnesota Housing Lending Partner				Date of Application			
BORROWER INFORMAT	ION						
First Name		MI	Last Nam	e			
Mailing Address					C	ounty	
City			State	Zip Cod	e	Square for of home	ootage
I plan on applying for en If yes, estimated rebate	ergy rebates: □Yes amount \$	□No	Rebate 1 □Other:	Гуре: 🗆	lHeating	□A/C	□Windows
Building Type:	□Single Family [□Duplex		ownhome	e 🗆 🛛	Multi Fami	ly (3+ units)

MINNESOTA DATA PRIVACY ACT/TENNESSEN WARNING

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The information requested on this Supplemental Application and the credit application will be used to help determine your eligibility for a Minnesota Housing Fix Up Unsecured Loan at a reduced interest rate, which is made possible by the Minnesota Department of Commerce.⁺

Except for your name, address, and loan amount, which are public information, all the other information that you are being asked to provide is Private Data on Individuals under the Minnesota Government Data Practices Act, Section 13.462, and Minnesota State Statutes Section 462A.065. All of this information will be provided to Minnesota Housing. Minnesota Housing will share your public and certain private data about your home improvement project with the Minnesota Department of Commerce and/or US Department of Energy to determine your eligibility for assistance and to evaluate the effectiveness of the program in reducing energy consumption. The information may also be provided to others when authorized by state or federal law.

^{*} This project was made possible by a grant from the U.S. Department of Energy and the Minnesota Department of Commerce through the American Recovery and Reinvestment Act of 2009 (ARRA).



You may decline to respond to any question or provide any of the requested information; however, if you do not provide the information, your application for the incentive interest rate will not be approved.

Acknowledge that you have read and understand this Tennessen Warning Notice by initialing here: _

The following information must be completed by your Contractor(s):

HEATING SYSTEM REPLACEMENT (Programmable thermostat required)

ELIGIBLE SYSTEMS (select one)

- □ Natural gas furnace AFUE >=95
- □ Propane furnace AFUE >= 95
- □ Oil furnace AFUE >= 85
- **Hot water boiler AFUE >= 90** (Ensure distribution system is compatible with a condensing boiler.)
 - Natural gas
 - Propane
 - 🛛 Oil

System Type:	□Furnace	□Boiler	EC Motor?	□Yes	□No	□N/A (boiler)
Install Type:	□New Install	□Replace Existin	g 🛛 Existing	Unit Faile	d	

Existing Unit-Approx. Age:	Labor: S	
Existing Unit-Efficiency (AFUE):	Matarialı ^c	
New Unit-Brand:	Waterial: 5	# of
New Unit-Model #:	Total Cost: \$	hours
New Unit-Efficiency (AFUE):	(MUST be broken out)	liours
New Unit-Nominal rating of input capacity of (Btu/h):		

ompany Name License Number		Pho	ne #
Company Address	City	State	Zip



AIR SOURCE HEAT PUMP INSTALLATION (Programmable thermostat required)

- Split ducted (central) systems: SEER2 ≥ 15.2, EER2 ≥ 10, HSPF2 ≥ 8.1; SEER ≥ 16.0, EER ≥ 10.5, HSPF ≥ 9.5
- Non-ducted (mini-split) systems: SEER2 ≥ 16.0, EER2 ≥ 9.0, HSPF2 ≥ 9.5; SEER ≥ 16.0, EER ≥ 9.0, HSPF ≥ 10.6
- Packaged systems: SEER2 \geq 15.2, EER2 \geq 10.0, HSPF2 \geq 8.1; SEER \geq 16.0, EER \geq 10.5, HSPF \geq 9.6

Install Type:	New Install
ASHP Type:	□ Split Ducted (central) □ Non-Ducted (mini-split) □ Packaged

Existing Unit- Approx. Age:		
Existing Unit- Efficiency (SEER):	Labor: Ş	
New Unit- Brand:	Materials: S	# of installation hours
New Unit- Model #:		
New Unit- AHRI reference #:	Total Cost: \$	
New Unit- SEER or:	(MUST be broken out)	
New Unit- SEER2:		
New Unit- EER or:		
New Unit- EER2:		
New Unit- HSPF or:		
New Unit- HSPF2:		
New Unit- Capacity (tons):		
Switchover temperature °F		
(if dual fuel/hybrid system):		

Company Name	License Number	Phor	ne #
Company Address	City	State	Zip







CENTRAL A/C REPLACEMENT (Programmable thermostat required)

- Split systems; SEER >= 15 EER >=13; SEER2 >=14.3
- Package systems: SEER >= 14 EER >= 12; SEER2 >= 13.4
- Mini-split systems: SEER >=15, EER >=13; SEER2 >=14.3

Install Type:	□New Install	□Replace Existing	□Existing Unit Failed
A/C Type:	□Split	□Mini-split	□Package

Existing Unit-Approx. Age:	Labor: Ś	
Existing Unit-Efficiency (SEER):		
New Unit-Brand:	Material: Ş	# of
New Unit-Model #:	Total Cost: \$	installation hours
New Unit-Efficiency (SEER):	(MUST be broken out)	nours
New Unit-Cooling Capacity (tons):		

Company Name	License Number	Phone #	
Company Address	City	State	Zip





PROGRAMMABLE THERMOSTAT INSTALLATION

Done in conjunction with Heating or Cooling System:			□Yes	□No
Delivery Type:	Direct Install	□Other, or Unkno	wn	

Labor: \$	Material: \$	Total Cost: \$
# of installation hours:		

WATER HEATER REPLACEMENT

•	Gas storage units >= 0.67 EF	•	Electric storage units = 0.95 EF
•	Gas tankless units >= 0.82 EF w/ 2.5 gpm @77°F rise	•	Electric heat pump storage unit >= 2.0 E

Fuel source:	□Electric	□Gas	
Туре:	□Tankless	□Storage	Electric Heat Pump
Venting:	□Instantaneous	□Condensing Storage	□Power-Vented Storage

New Unit-Brand:		Lahor: \$	
New Unit-Model #:			
New Unit-Tank Size (gallons):		Material: \$	# of
(for tankless, buffer tank size)		Total Cost: \$	installation
New Unit-Efficiency (EF):		(MUST be broken out)	hours

Company Name	License Number	Phone #	
Company Address	City	State	Zip



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LIGHT FIXTURE REPLACEMENT

• Fixtures must be ENERGY STAR[®] labeled.

NOTE: ENERGY STAR CFL Fixtures replace less efficient incandescent fixtures, are hardwired and use pin-based lamps.

Туре:	Compact Fluorescent (CFL) Light Emitting Diode (LED)			ED)	
Space Type:	□Interior Living Qu	arters	nily Common A	Areas [□Exterior/Unconditioned
HVAC System:	□Heating Only	□Heating and	Cooling [□Heatin	g with Cooling Unknown
	□20W A-Line	□16W A-Line	13W A-Line	e	□9W A-Line
LED Type:	□8W Globe	□3W Globe	□14W PAR/	Flood	□12W Downlight Fixture

Labor: \$	Material: \$	Total Cost: \$
# of installation hours:		

Brand/ Model #			
Location:	□Interior	□Exterior	Number Installed:
Brand/ Model #			
Location:	□Interior	□Exterior	Number Installed:
Brand/ Model #			
Location:	□Interior	□Exterior	Number Installed:
Brand/ Model #			
Location:	□Interior	□Exterior	Number Installed:

Company Name	License Number	Phone #	
Company Address	City	State	Zip



WINDOW REPLACEMENT

- Windows must be ENERGY STAR qualified under Federal guidelines.
- Invoice must specify manufacturer's name and model name/number; or provide the Manufacturer's Certification or ENERGY STAR labels from the windows.

Туре	Quantity	Labor Cost	Material Cost	Total Cost	Estimated Lifetime
Single Pane		\$	\$	\$	
Double Pane		\$	\$	\$	
Triple Pane		\$	\$	\$	
Door		\$	\$	\$	

Company Name	License Number	Phone #	
Company Address	City	State	Zip
ATTIC AIR SEALING			

• Attic air sealing is a prerequisite for wall/attic insulation.

• Testing the air tightness of a home using a calibrated blower door will measure the quantity of air leakage and the effectiveness of air sealing. Blower door testing is recommended.

Pre-blower Door Reading: (if performed)	cfm⁵⁰	Post-blower Door Reading: (if performed)	cfm⁵⁰
Wind Exposure:	Building Height:	Labor: \$	
□Well Shielded	□1 story		
□Normal	□2 stories	Material: \$	# of installation hours
□Exposed	□3 stories	Total Cost: \$	

Company Name	License Number	Pho	Phone #	
Company Address	City	State	Zip	
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INSULATION-ATTIC AND WALLS

- Attic insulation **must be combined with attic air sealing**. Final R-Value >= R-44.
- External wall cavities must be filled with insulation and **must be combined with attic air sealing.** If the cavity is to be filled with blown-in insulation, the cavity must be dense packed to 3.5 lbs/ft³.

Attic Insulation

Current R-Value:		Labor: \$ Material: \$ Total Cost: \$	
New R-Value:			
Material:			# of
AFUE of Heating System:			installation
Total Square Footage of Insulated Attic:			hours

Wall Insulation

Current R-Value (if unknown, use R-5):		Labor: \$ Material: \$ Total Cost: \$	
New R-Value:			
Material:			# of
AFUE of Heating System:			installation
Total Square Footage of Insulated Wall:			hours

License Number

Com	nanv	Name
COIII	party	Name

Company Address

HEAT RECOVERY VENTILATION SYSTEM OR ENERGY RECOVERY VENTILATION SYSTEM

Labor: \$	Material: \$	Total Cost: \$
# of installation hours:		

City

Company Name	License Number	Ph	Phone #	
Company Address	City	State	Zip	
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Phone #

Zip

State