

**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 INFORMATION**

\_\_\_\_\_  
First Name MI Last Name

\_\_\_\_\_  
Mailing Address \_\_\_\_\_  
County

\_\_\_\_\_  
City State Zip Code Square footage  
of home

I plan on applying for energy rebates: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimated rebate amount \$ _____	<b>Rebate Type:</b> <input type="checkbox"/> Heating <input type="checkbox"/> A/C <input type="checkbox"/> Windows <input type="checkbox"/> Other: _____
<b>Building Type:</b>	<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Townhome <input type="checkbox"/> Multi Family (3+ units)

**MINNESOTA DATA PRIVACY ACT/TENNESSEN WARNING**

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 loan at a reduced interest rate, which is made possible by the Minnesota Department of Commerce. ♦ You may choose not to provide the requested information, but without that information it may not be possible to determine your eligibility under the program.

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

♦ 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) or through the Infrastructure Investment and Jobs Act of 2021 (IIJA)





**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 ≥ 15.2, EER2 ≥ 10.0, HSPF2 ≥ 8.1; SEER ≥ 16.0, EER ≥ 10.5, HSPF ≥ 9.6

<b>Install Type:</b>	<input type="checkbox"/> New Install <input type="checkbox"/> Replace Existing <input type="checkbox"/> Existing Unit Failed
<b>ASHP Type:</b>	<input type="checkbox"/> Split Ducted (central) <input type="checkbox"/> Non-Ducted (mini-split) <input type="checkbox"/> Packaged

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

Company Name	License Number	Phone #
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

<b>Install Type:</b>	<input type="checkbox"/> New Install	<input type="checkbox"/> Replace Existing	<input type="checkbox"/> Existing Unit Failed
<b>A/C Type:</b>	<input type="checkbox"/> Split	<input type="checkbox"/> Mini-split	<input type="checkbox"/> Package

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

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**PROGRAMMABLE THERMOSTAT INSTALLATION**

Done in conjunction with Heating or Cooling System:  Yes  No

Delivery Type:  Direct Install  Other, or Unknown

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

**WATER HEATER REPLACEMENT**

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

Fuel source:  Electric  Gas

Type:  Tankless  Storage  Electric Heat Pump

Venting:  Instantaneous  Condensing Storage  Power-Vented Storage

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

Company Name \_\_\_\_\_ License Number \_\_\_\_\_ Phone # \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



**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.

<b>Type:</b>	<input type="checkbox"/> Compact Fluorescent (CFL)	<input type="checkbox"/> Light Emitting Diode (LED)		
<b>Space Type:</b>	<input type="checkbox"/> Interior Living Quarters	<input type="checkbox"/> Multi Family Common Areas	<input type="checkbox"/> Exterior/Unconditioned	
<b>HVAC System:</b>	<input type="checkbox"/> Heating Only	<input type="checkbox"/> Heating and Cooling	<input type="checkbox"/> Heating with Cooling Unknown	
<b>LED Type:</b>	<input type="checkbox"/> 20W A-Line	<input type="checkbox"/> 16W A-Line	<input type="checkbox"/> 13W A-Line	<input type="checkbox"/> 9W A-Line
	<input type="checkbox"/> 8W Globe	<input type="checkbox"/> 3W Globe	<input type="checkbox"/> 14W PAR/Flood	<input type="checkbox"/> 12 W Downlight Fixture

<b>Labor: \$</b>	<b>Material: \$</b>	<b>Total Cost: \$</b>
<b># of installation hours:</b>		

<b>Brand/ Model #</b>			
<b>Location:</b>	<input type="checkbox"/> Interior	<input type="checkbox"/> Exterior	<b>Number Installed:</b>
<b>Brand/ Model #</b>			
<b>Location:</b>	<input type="checkbox"/> Interior	<input type="checkbox"/> Exterior	<b>Number Installed:</b>
<b>Brand/ Model #</b>			
<b>Location:</b>	<input type="checkbox"/> Interior	<input type="checkbox"/> Exterior	<b>Number Installed:</b>
<b>Brand/ Model #</b>			
<b>Location:</b>	<input type="checkbox"/> Interior	<input type="checkbox"/> Exterior	<b>Number Installed:</b>

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**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.

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

\_\_\_\_\_  
 Company Name License Number Phone #

\_\_\_\_\_  
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**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)	cfm <sup>50</sup>	Post-blower Door Reading: (if performed)	cfm <sup>50</sup>
Wind Exposure: <input type="checkbox"/> Well Shielded <input type="checkbox"/> Normal <input type="checkbox"/> Exposed	Building Height: <input type="checkbox"/> 1 story <input type="checkbox"/> 2 stories <input type="checkbox"/> 3 stories	Labor: \$  Material: \$  Total Cost: \$	<hr/> # of installation hours

\_\_\_\_\_  
 Company Name License Number Phone #

\_\_\_\_\_  
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**INSULATION-ATTIC AND WALLS**

- Attic insulation **must be combined with attic air sealing**. Final R-Value  $\geq$  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/ft<sup>3</sup>.

**Attic Insulation**

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

**Wall Insulation**

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

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**HEAT RECOVERY VENTILATION SYSTEM OR ENERGY RECOVERY VENTILATION SYSTEM**

<b>Labor: \$</b>	<b>Material: \$</b>	<b>Total Cost: \$</b>
<b># of installation hours:</b>		

Company Name

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