MINNESOTA HOUSING

Fix Up Loan Program
Supplemental Application
for 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 INFORMATION

First Name _____ MI _____ Last Name _____

Mailing Address _____ County _____

City _____ State _____ Zip Code _____ Square footage of home _____

I plan on applying for energy rebates: ☐Yes No If yes, estimated rebate amount $_____	**Rebate Type**: ☐Heating ☐A/C ☐Windows ☐Other: _____
Building Type:	☐Single Family ☐Duplex ☐Townhome ☐Multi Family (3+ units)

MINNESOTA DATA PRIVACY ACT/TENNESSEN WARNING

The information requested on this Supplemental Application and the Fix Up Loan 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.

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: _____

♦ 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).

* M C E E A P P A D D *

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

HEATING SYSTEM REPLACEMENT (Programmable thermostat installation 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 Existing ☐Existing Unit Failed		

Existing Unit-Approx. Age:		**Labor:** $	
Existing Unit-Efficiency (AFUE):		**Material:** $	# of installation hours
New Unit-Brand:		**Total Cost:** $	
New Unit-Model #:		(MUST be broken out)	
New Unit-Efficiency (AFUE):			
New Unit-Nominal rating of input capacity of (Btu/h):			

Company Name | License Number | Phone #

Company Address | City | State | Zip

* M C E E A P P A D D *

CENTRAL A/C REPLACEMENT (Programmable thermostat installation required)

- Split systems; SEER >= 15 – EER >=13
- Package systems: SEER >=14 – EER >= 12
- Mini-split systems: SEER >=15, EER >=13\

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

Existing Unit-Approx. Age:		**Labor:** $	
Existing Unit-Efficiency (SEER):		**Material:** $	# of installation hours
New Unit-Brand:		**Total Cost:** $	
New Unit-Model #:		(MUST be broken out)	
New Unit-Efficiency (SEER):			
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 Unknown

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	
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.

Type:	☐Compact Fluorescent (CFL)	☐Light Emitting Diode (LED)		
Space Type:	☐Interior Living Quarters	☐Multi Family Common Areas	☐Exterior/Unconditioned	
HVAC System:	☐Heating Only	☐Heating and Cooling	☐Heating with Cooling Unknown	
LED Type:	☐20W A-Line	☐16W A-Line	☐13W A-Line	☐9W A-Line
	☐8W Globe	☐3W Globe	☐14W PAR/Flood	☐12 W 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.

Type	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

* M C E E A P P A D D *

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^{50}**	**Post-blower Door Reading**: (if performed)	**cfm^{50}**
Wind Exposure: ☐Well Shielded ☐Normal ☐Exposed	Building Height: ☐1 story ☐2 stories ☐3 stories	Labor:$ Material: $ Total Cost: $	# of installation hours

Company Name | License Number | Phone #

Company Address | City | State | Zip

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/ft^3.

Attic Insulation

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

Wall Insulation

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

Company Name | License Number | Phone #

Company Address | City | State | Zip