

# Fix Up Loan Program Supplemental Application for Unsecured Energy Incentive Loans & Energy Loan Plus

**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 IN	FORMATI	ON		
Minnesota Housing Lending Partner Date of Application				of Application	
BORROWER INFORMAT	TION				
First Name		MI	Last Nar	ne	
Mailing Address				_	County
City			State	Zip Code	Square footage of home
I plan on applying for en If yes, estimated rebate		□No	Rebate  Other	• • • • • • • • • • • • • • • • • • • •	g □A/C □Windows
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 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

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<sup>\*</sup> 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)

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	Acknowledge that you have read and understand this Tennessen Warning Notice by initialing here:					
The following infor	mation must be cor	mpleted by your	Contractor(s)	:		
HEATING SYSTEM	REPLACEMENT (Pro	ogrammable the	rmostat requi	red)		
<ul><li>□ Propane furn</li><li>□ Oil furnace A</li></ul>	urnace AFUE >=95 ace AFUE >= 95 FUE >= 85 iller AFUE >= 90 (En	sure distribution	system is com	patible with a	condensing bo	iler.)
System Type:	□Furnace □	Boiler	EC Motor?	□Yes [	□No □N/	A (boiler)
Install Type:	□New Install [	☐Replace Existing	g □Existir	ng Unit Failed		
Existing Unit-Appr Existing Unit-Effic New Unit-Brand: New Unit-Model & New Unit-Efficien	iency (AFUE): #: cy (AFUE):	and situated (Ptu/h)		Labor: \$  Material: \$  Total Cost: \$  (MUST be brown	oken out)	# of installation hours
New Unit-Nomina	nl rating of input cap	pacity of (Btu/n):				
Company Name			License Number		Pho	ne #
Company Address		City	у		State	Zip

# AIR SOURCE HEAT PUMP INSTALLATION (Programmable thermostat required)

- Split ducted (central) systems: SEER2  $\geq$  15.2, EER2  $\geq$  10, HSPF2  $\geq$  8.1; SEER  $\geq$  16.0, EER  $\geq$  10.5, HSPF  $\geq$  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

	1			
Install Type:	☐ New Install	□ Replace Ex	isting □ Existing Unit Failed	
ASHP Type:	☐ Split Ducte	d (central) 🗆 N	Non-Ducted (mini-split) 🗆 Packa	aged
<b>Existing Unit- Appro</b>	x. Age:			
Existing Unit- Efficiency (SEER):			Labor: \$	
New Unit- Brand:  New Unit- Model #:  New Unit- AHRI reference #:			Materials: \$	# of installation hours
			·	
			Total Cost: \$	
New Unit- SEER or:	New Unit- SEER or:		(MUST be broken out)	
New Unit- SEER2:			(IVIOST DE DIOREITOUL)	
New Unit- EER or:				
New Unit- EER2:				
New Unit- HSPF or:				
New Unit- HSPF2:				
New Unit- Capacity	(tons):			
Switchover tempera	ture °F			
(if dual fuel/hybrid s	system):			
Company Name			License Number	Phone #
Company Name			License Number	riione #
Company Address			City	State Zip
Company Address			City	State 21p



# **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 Existi	ng □Exis	ting Unit Failed		
A/C Type:	□Split [	□Mini-split	□Package			
Existing Unit-App	rox. Age:			Labor: \$		
Existing Unit-Efficiency (SEER):						
New Unit-Brand:			Material: \$			# of
New Unit-Model #:				Total Cost: \$  (MUST be broken out)		installation hours
New Unit-Efficiency (SEER):						
New Unit-Cooling	Capacity (tons):		( )			
		•				
Company Name			License N	umber	Pho	one #
Company Address		Cit	у		State	Zip

PROGRAMMABL	E THERMOSTAT INS	TALLATION				
Done in conjunct	ion with Heating or	Cooling System:	□Yes □No			
Delivery Type:	□Direct Install	□Other, or Unkno	own			
		T				
Labor: \$		Material: \$		Total Cost:	:\$	
# of installation I	nours:					
WATER HEATER	REPLACEMENT					
Gas storage units >= 0.67 EF     Electric st			tric storage ur	torage units = 0.95 EF		
Gas tankless	s 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	□Elect	ric Heat Pump	)	
Venting:	□Instantaneous	□Condensing Storage	□Pow	er-Vented Sto	rage	
New Unit-Brand:	<u> </u>		La	bor: \$		
New Unit-Model	#:			aterial: \$		
New Unit-Tank S						# of installation
(for tankless, buf	fer tank size)		То	tal Cost: \$		hours
New Unit-Efficie	ncy (EF):		(∿	IUST be broke	n out)	
		•	1			1
Company Name		License Number		er	Phone #	
Company Addres	S	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.

Туре:	□Compact Fluores	□Compact Fluorescent (CFL) □Light Emitting Diode (LED)						
Space Type:	☐Interior Living Qu	iving Quarters □Multi Family Common Areas □I				is □Ext	erior/Uncon	ditioned
HVAC System:	☐Heating Only	□Heatin	g and	Cooling	□н	eating wit	h Cooling Un	ıknown
LED Tyrac	□20W A-Line	□16W A-Li	ne	□13W A	-Line	□9	W A-Line	
LED Type:	□8W Globe	□3W Glob	е	□14W P	AR/Floo	od □1	2 W Downlig	tht Fixture
						1		
Labor: \$		Material: \$				Total Co	st:\$	
# of installation	hours:							
Brand/ Model #								
Location:	□Interior □	Exterior		Number I	nstalle	d:		
Brand/ Model #								
Location:	□Interior □	Exterior		Number I	nstalle	d:		
Brand/ Model #								
Location:	□Interior □	Exterior		Number I	nstalle	d:		
Brand/ Model #								
Location:	□Interior □	Exterior		Number I	nstalle	d:		
	·							
Company Name				License N	Numbe	r	Pho	one #
Carana and Addition			C:+-				Chaha	7:
Company Addre	SS		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.

cfm⁵0	Post-blower Door Reading: (if performed)	cfm⁵0	
Building Height:	Labor: \$		
□1 story			
☐2 stories	Material: \$	# of installation hours	
☐3 stories	Total Cost: \$		
-	Building Height: ☐1 story ☐2 stories	(if performed)  Building Height: Labor: \$ □1 story □2 stories  Material: \$	

City



State

Zip

**Company Address** 

## **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<sup>3</sup>.

Attic Insulation					
Current R-Value:					
New R-Value:			Labor: \$		
Material:			Material: \$		# of
AFUE of Heating System:			Total Cost: \$		installation
Total Square Footage of Insulated Attic:			, , , , , , , , , , , , , , , , , , ,		hours
Wall Insulation					
Current R-Value (if unknown, use R-	-5):				
New R-Value:		Labor: \$			
Material:			Material: \$		# of
AFUE of Heating System:			Total Cost: \$		installation
Total Square Footage of Insulated Wall:			7 0 tu: 000 ii y		hours
Company Name		Licen	se Number	Ph	one #
Company Address		City		State	Zip
HEAT RECOVERY VENTILATION SYST	TEM OR ENERG	Y RECOVERY	VENTILATION SYSTI	EM	
Labor: \$	Material: \$		Total Co	st: \$	
# of installation hours:					
Company Name		Licon	 se Number	nh	ione #
Company Name		Licen	se mullibel	PII	ione #
Company Address		City		State	Zip

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