





APPLICATION

CHECKLIST FOR COMPLETING YOUR APPLICATION

Read program eligibility requirements, terms and conditions, and authorization release.

Provide necessary documentation to verify income to determine eligibility.

Complete all steps (1-4) of the application.

Print, sign, and date the customer authorization.

Mail or email your completed application and documentation.

Keep a copy for your records.

ELIGIBILITY REQUIREMENTS



YOU DO NOT QUALIFY FOR THIS PROGRAM:

- If you have received State Weatherization Services in the last 15 years.
- If you were deferred from the State Weatherization program due to health and safety reasons in your home.

Must have a Minnesota Energy Resources and Rochester Public Utilities account in your name that includes natural gas (primary heat source) and electric services in the city of Rochester.

Must be a senior citizen at least 60 years in age.

Is the owner of a single-family home (manufactured or mobile homes not eligible, will be referred to the State Weatherization Program).

Must occupy your home as your primary residence and do not currently have your name(s) on another housing waiting list or moving in the next six months.

Is responsible for the direct payment of your natural gas and electric bills.

For those seniors that are just above low-income guidelines, eligibility will be reviewed.

TERMS AND CONDITIONS

- 1. For income-qualified applicants, this program offers building envelope improvements along with equipment upgrades as identified in an energy audit. Emergency equipment replacement may also be available.
- 2. Applications are processed on a first-come, first-serve basis and while funds last.
- 3. Applicant must provide verification of income.
- **4.** Customers cannot participate in other weatherization programs.
- 5. Once contractors are assigned to your project, scheduling of your work is between you and the contractor. If you are not available for your appointment and do not provide a 24-hour notice to your contractor, you may be held responsible for the cost of the no-show visit. This program will not pay for no-show charges.
- **6.** If Health & Safety measures for a project exceed \$500, a co-pay of \$150 will be applied to the customers natural gas bill.
- 7. Installed measures are not eligible for Minnesota Energy Resources' or Rochester Public Utilities' rebates.
- 8. This program is subject to regulatory rules and orders.
- 9. Minnesota Energy Resources and Rochester Public Utilities reserve the right to inspect or verify any work completed under this program and to change or discontinue this program without notice.
- **10.** Customer agrees to allow access to the home, so that a licensed professional may perform an energy audit and contractors may install improvements.
- 11. Customer agrees to allow access to the home's energy usage from Minnesota Energy Resources and Rochester Public Utilities to share with the auditor.
- 12. Only improvements identified as part of a completed energy audit will be included.
- **13.** Tax information: Minnesota Energy Resources and Rochester Public Utilities are not responsible for any tax consequences of this program.
- 14. Incomplete applications may be subject to disqualification.

STEP 1. CUSTOMER INFORMATION (please print)

| Minnesota Energy Resources Account Number | Customer Name (as it appears on the bill) | | | | |
|---|---|---|--------|----------|--|
| Rochester Public Utilities Account Number | Customer | Customer Name (as it appears on the bill) | | | |
| Installation Address | City | | State | Zip Code | |
| Contact Phone Number | Cell | Home | Other: | | |
| Email Address | | | | | |

STEP 2. HOUSEHOLD INFORMATION

Housing Type (required):

Single-family dwelling

Townhome

Year home was built:

Square footage:

My home is heated by:

Natural Gas

Electric

Don't know

My water heating is:

Natural Gas

Electric

Don't know

How did you hear about this program?

In-home or online audit

Another customer

Bill Insert

Email

Billboard

Social media

Utility newsletter

Website

Contractor/retailer

Radio

Other:

STEP 3. INCOME VERIFICATION

Please check your household size and corresponding income level:

| GROSS HOUSEHOLD INCOME UP TO: | | | | | |
|--------------------------------|----------|----------|--|--|--|
| Family size | 3-month | Annual | | | |
| 1 | \$8,494 | \$33,975 | | | |
| 2 | \$11,444 | \$45,775 | | | |
| 3 | \$14,394 | \$57,575 | | | |
| 4 | \$17,344 | \$69,375 | | | |
| 5 | \$20,294 | \$81,175 | | | |
| 6 | \$23,244 | \$92,975 | | | |
| For each additional member add | \$2,950 | \$11,800 | | | |

Please include one of the following with your application:

Copy of last year's tax return (preferred).

Pay stubs associated with the previous three (3) months.

For bi-weekly pay periods, please provide seven (7) pay stubs.

Unemployment statement and verification of unemployment statement.

| HOUSEHOLD INFORMATION | | | | | | |
|-----------------------|----------------------------------|-----|--|----|--|--|
| Household member | Relationship (spouse, dependent) | Age | Contributes to household income? (Y/N) | | | |
| 1 | | | Yes | No | | |
| 2 | | | Yes | No | | |
| 3 | | | Yes | No | | |
| 4 | | | Yes | No | | |
| 5 | | | Yes | No | | |
| 6 | | | Yes | No | | |

STEP 4. CUSTOMER AUTHORIZATION

By signing this application, I agree to the Term and Conditions set forth on this application. I acknowledge that I am an authorized representative of the Minnesota Energy Resources and Rochester Public Utilities accounts and hereby grant my utility companies, Minnesota Energy Resources and Rochester Public Utilities, approval for the release of up to 24 months of usage and billing information that may include personally identifiable information, to a third party auditor that will perform a comprehensive audit. I also agree to the release by Minnesota Energy Resources and Rochester Public Utilities of any of its customer data, including personally identifiable information, to any contractor or other vendor providing services or support under this program.

I am willing to provide documentation to verify my income. By completing this form, I understand and agree that if Health & Safety measures for my project exceed \$500, a co-pay of \$150 will be applied. This co-pay will show on my Minnesota Energy Resources bill after the project is complete. I also understand that I may be responsible for the correction of any extraordinary issues/measures that arise should the funding for such corrections be exceeded.

I understand that all work is subject to inspection by Minnesota Energy Resources and Rochester Public Utilities and agree to allow access for these inspections to occur. I have an obligation to inform Franklin Energy 30 days prior to a pending move. I understand that once contractors are assigned to my project, scheduling of improvements is between myself and the contractor. I understand if I am unable to keep my appointment and do not provide a 24-hour notice to the contractor, I am responsible for the cost of a no-show charge.

I understand that I am not eligible to receive a rebate from another Minnesota Energy Resources or Rochester Public Utilities program for improvements completed through this program. I, the Customer, will hold harmless Minnesota Energy Resources and Rochester Public Utilities and its officers, directors, shareholders, agents, employees, and representatives from all claims, liabilities, fines, interest, cost, expenses, and damages incurred by me that arises out of my relationship with any contractor.

| Signature: | Date: | | | | | | |
|--|-------|--|--|--|--|--|--|
| (type first and last names in signature box) | | | | | | | |
| | | | | | | | |
| Signature: | Date: | | | | | | |
| (type first and last names in signature box) | | | | | | | |

STEP 5. SUBMIT COMPLETED APPLICATION

MAIL or EMAIL: Energy Sustainability for our Elderly

Minnesota Energy Resources & Rochester Public Utilities

755 Prior Ave. North, Suite 103B

St. Paul, MN 55104

4U2@franklinenergy.com





Minnesota Energy Resources

Please call us at 800-872-0052, option 1 cashrebatesnow.com



Rochester Public Utilities

Please call us at 800-778-3421 customercare@rpu.org

A **CONSERVE & \$AVE** program.

For Office Use Only. Not Used For Any Other Purposes

Customer Income Verification

Copy of last year's tax return (preferred).

Pay stubs associated with the previous three (3) months.

For bi-weekly pay periods, please provide seven (7) pay stubs.

Unemployment statement and verification of unemployment statement.

Date Verified: By: