

HEATING AND COOLING SYSTEM Rebate Form

Offer valid **January 1, 2025 – December 31, 2025**

Apply Online: mnpower.com/hvacportal

(Online application process is for Minnesota Power customers only.)



Items that must be included when requesting rebate:

- Completed/signed copy of this form (Leaving fields blank WILL delay processing of rebate)
- Copy of invoice: MUST include installation address, equipment type, manufacturer, model number, serial number, cost, date of installation

CUSTOMER INFORMATION

Name of Customer (As it appears on utility bill.)			Promo Code (If applicable.)	
Electric Utility Account Number (Required for MP customers. Located on MP electric bill.)		Name of Electric Utility (Must be a customer of a participating utility.)*		
Installation Address (Unit must be installed at a location served by MP or participating utility.)		City	State	ZIP
Mailing Address (If different from Installation Address)		City	State	ZIP
Primary Phone Number	Email Address		Building Type <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	
If residential, the product(s) will be used in a: <input type="checkbox"/> Single Family <input type="checkbox"/> Townhome <input type="checkbox"/> 2-4 Unit <input type="checkbox"/> 5+ Unit		Do you: <input type="checkbox"/> Rent <input type="checkbox"/> Own	Construction Type <input type="checkbox"/> New <input type="checkbox"/> Existing	

INSTALLER/CONTRACTOR INFORMATION

Business Name	Name of Product-Trained Installer	Phone Number
Contractor Notes		

BUSINESS/LANDLORD INFORMATION

Make Rebate Check Payable to: ☐ Residential Customer (skip to Customer Signature) ☐ Landlord/Property Owner

Complete section below only if rebate will be paid to a business or the Landlord/Property Owner

Payee Legal Name (as shown on income tax return)	Payee Federal Tax Classification (Check ONE only) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor/Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other tax exempt organization or government agency		
Payee Legal Address	City	State	ZIP
Alternate Pay Address (If different from Payee Legal Address)	City	State	ZIP
Payee Taxpayer Identification Number (TIN) (Complete ONE only. Must match payee legal name above.)			
FEIN: _____ - _____ OR SSN: _____ - _____ - _____			

Certification: the following certifications are required in order for this form to substitute for the IRS form W-9. Under penalties of perjury, I certify that:

1. The payee's TIN is correct
2. The payee is not subject to backup withholding due to failure to report interest and dividend income, and
3. The payee is a U.S. citizen

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

CUSTOMER SIGNATURE

☐ To the best of my knowledge, the information in this application is accurate and complete. I have read and agree to the terms and conditions of the rebate program. Equipment will be purchased, installed, and operating at the facility listed above.

Customer Name (Print)		
Signature	Date	Email Address

☐ I want to receive emails from Minnesota Power about other ways to save energy. I understand that I can unsubscribe to these messages at any time and that my email address will never be shared.

A variety of tax credits, deductions and rebates are possible through the **Inflation Reduction Act (IRA)** for individuals and businesses when making improvements.
For more information, visit <https://www.energy.gov/save>

Do you intend to pursue Inflation Reduction Act (IRA) tax credits, deductions or rebates for any equipment on this rebate application? ☐ Yes ☐ No

Your response to this question will not affect your rebate.

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REBATES

HEATING AND COOLING SYSTEM EQUIPMENT (Check all rebates that apply. Provide equipment information below.)		REQUIRED SECTIONS	QUANTITY	AMOUNT	TOTAL
<input type="checkbox"/> ASHP – Ducted	Must meet 2023 ENERGY STAR® specifications. Rebate varies for units larger than 5.5 tons (commercial only)	1, 2		\$400	
<input type="checkbox"/> ASHP – Ductless	Must meet 2023 ENERGY STAR® specifications.	1		\$400	
<input type="checkbox"/> ASHP – Cold Climate Ducted	Must meet 25C Energy Efficient Home Improvement Credit heat pump requirements. Rebate varies for units larger than 5.5 tons (commercial only). Some exceptions apply, contact Minnesota Power for more information.	1, 2		\$1,000	
<input type="checkbox"/> ASHP – Cold Climate Ductless	Must meet 25C Energy Efficient Home Improvement Credit heat pump requirements.	1		\$1,000	
<input type="checkbox"/> Air-to-Water Heat Pump	1.7 or greater Coefficient of Performance (COP) at an A5W110. Must be new construction/addition or replacing an electric heat source.	3		\$400/ton	
<input type="checkbox"/> ECM – Circulator Pump	Must be variable speed and <1hp.	4		\$100 (Varies if commercial)	
<input type="checkbox"/> Smart Thermostat – Low Voltage	Thermostat allowing remote control from phone or computer. Must control an electric heat source. Limit one per household (Residential only).	5		\$50	
<input type="checkbox"/> Smart Thermostat – Line Voltage	Thermostat allowing remote control from phone or computer. Only controls electric heat sources.	6		\$50	
<input type="checkbox"/> Programmable Thermostat – Line Voltage	Non-internet connected thermostat enables pre-set heating schedules. Only controls electric heat sources.	6		\$20	
<input type="checkbox"/> Smart Thermostat/Adapter - Ductless ASHP	Specific for ductless heat pump systems allowing remote control from phone or computer.	7		\$50	
<input type="checkbox"/> ASHP – Tune-up	May be performed once every two years (if residential) or three years (if commercial) and requires filter change and coil cleaning.	8		\$25 (\$15 if commercial)	
<input type="checkbox"/> ERV/HRV - Energy/Heat Recovery Ventilator	Must have a minimum SRE of ≥ 60% at 32°F and serve the entire conditioned space of the home. Home must have electricity as primary heating source.	9		\$300 (Varies if commercial)	
Rebate cannot exceed total project cost including product and labor. All equipment must meet minimum requirements to qualify for rebates. Please visit mnpower.com/HVACPortal to verify that equipment is eligible before installation.				TOTAL REBATE	\$

EQUIPMENT INFORMATION

1. AIR SOURCE HEAT PUMP		REQUIRED	Was some form of electric heat present where the unit operates? <input type="checkbox"/> Yes <input type="checkbox"/> No (Gas, Propane, or Other Non-Electric) <input type="checkbox"/> None Existing - New Construction/Addition
Date of Installation	AHRI Certified Reference Number	Brand Name	Size (tons)
Outdoor Model #	Outdoor Serial #	SEER2	
Indoor Model #	Indoor Serial #	HSPF2	
Existing Heating System where the unit operates: <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> ASHP <input type="checkbox"/> Baseboard <input type="checkbox"/> Electric Floor <input type="checkbox"/> None - New Construction/Addition <input type="checkbox"/> Other: _____		Existing Cooling System: <input type="checkbox"/> CAC <input type="checkbox"/> ASHP <input type="checkbox"/> Window Unit <input type="checkbox"/> None – Existing Home <input type="checkbox"/> None – New Construction/Addition <input type="checkbox"/> Other: _____	

2. PROPER INSTALLATION

Certified Technician must check and sign off on the following:

- | | |
|--|--|
| <input type="checkbox"/> Certified technician has inspected the installation. | <input type="checkbox"/> Ducts have been sealed to the extent possible. |
| <input type="checkbox"/> The installation meets proper refrigerant charging and indoor airflow requirements. | <input type="checkbox"/> The indoor and outdoor units are part of a matched system according to AHRI certification directory (www.ahridirectory.org) or other recognized service. |
| <input type="checkbox"/> The system is sized properly according to Manual J calculations. | |

Certified technician must have passed HVAC Certification by NATE, HVACeducation.com, manufacturer training or similar certification.

Certified Technician Print Name:	Certified Technician Signature	Phone Number:
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3. AIR-TO-WATER HEAT PUMP		REQUIRED	Was some form of electric heat present where the unit operates? <input type="checkbox"/> Yes <input type="checkbox"/> No (Gas, Propane, or Other Non-Electric) <input type="checkbox"/> None Existing - New Construction/Addition
Date of Installation	Number of Tons - Size	SEER2	COP @ A5W110
Brand Name	Model #	Serial #	
Does the system include domestic hot water heating? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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4. ECM CIRCULATOR PUMP		Date of Installation	Brand Name
Model #		Serial #	
Motor Wattage	Quantity	Motor Application: <input type="checkbox"/> Heating Water Circulator <input type="checkbox"/> Domestic Hot Water Circulator <input type="checkbox"/> Cooling Water Circulator	

5. LOW VOLTAGE THERMOSTAT			
Date of Installation	Electric heat source type: <input type="checkbox"/> Air Source Heat Pump <input type="checkbox"/> Electric Resistance Furnace <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Electric Boiler <input type="checkbox"/> Other Electric		Quantity
Brand	Model #	Serial #	

6. LINE VOLTAGE THERMOSTAT			
Date of Installation	Check one: <input type="checkbox"/> Programmable - not internet connected <input type="checkbox"/> Smart - allows remote control from phone or computer	Heat Source Type: <input type="checkbox"/> Baseboard <input type="checkbox"/> Wall Mounted <input type="checkbox"/> In Floor <input type="checkbox"/> Other _____	Brand
Model #	Serial #	Quantity	

7. SMART THERMOSTAT/ADAPTER - DUCTLESS ASHP			
Date of Installation	Device type: <input type="checkbox"/> Thermostat <input type="checkbox"/> Adapter	Brand	
Model #	Serial #	Quantity	

8. AIR SOURCE HEAT PUMP - TUNE-UP			
Date of Tune-up	Check one: <input type="checkbox"/> Ductless <input type="checkbox"/> Ducted	Brand Name	Model #
Must mark the following as complete: <input type="checkbox"/> Outdoor unit coils were cleaned <input type="checkbox"/> All connected indoor unit air filters were changed/cleaned			Number of Outdoor Units

9. ENERGY/HEAT RECOVERY VENTILATOR		Date of Installation	Brand
Model #		Serial #	
Existing Heat Source: <input type="checkbox"/> None - New Construction/Addition <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric (gas, propane, etc.)			

TERMS AND CONDITIONS

General Eligibility: This offer is valid for Minnesota Power or participating municipal utility* customers only. Programs may vary between utilities. If you have questions about a specific utility program, please contact your utility directly. All equipment must meet minimum requirements to qualify for rebates; qualifying equipment does not include reconditioned or resale equipment. Please visit www.mnpower.com/HVACPortal to verify that equipment is eligible before installation.

Verification: Minnesota Power reserves the right to verify sales receipts and/or installations of products and services before issuing rebates. A random inspection may be conducted to verify installation(s) or service(s).

Program Modifications: Minnesota Power and the Participating Utilities reserve the right to alter or discontinue this rebate offer at any time without notice.

Disclaimer: Rebate cannot exceed total project cost including product and labor. Minnesota Power reserves the right to deny or limit any rebate request. In addition, Minnesota Power offers no warranties on product or service installations provided nor does the program warranty, guarantee or endorse the energy efficiency services provided by any specific contractor participating in the program.

ELIGIBILITY DATES

This rebate form is eligible for qualified installations and/or services performed between January 1, 2025, and December 31, 2025; based on approval of the Minnesota Department of Commerce Division of Energy Resources (DER) and available dollars. All forms must be postmarked within 30 days of installation and/or service to be considered eligible for the rebate. Minnesota Power is not responsible for lost, late, or undelivered responses. Please retain a copy of submitted documents for your records. Please allow 8 - 10 weeks to receive your rebate. Default rebate payment option is check. Additional rebate payment options available if customer's email address is provided.

CONTRACTOR INSTRUCTIONS

Verify that customer's electric utility at the installation address is Minnesota Power or a participating municipal utility. Contractor is responsible for submitting rebate forms and required paperwork to the address below.

Completed rebate applications must be postmarked within 30 days of installation and/or service and **submitted to:**

Mail:
Minnesota Power HVAC Rebates
PO Box 510861
New Berlin, WI 53151

Email: MNPowerebates@franklinenergy.com

Or submit online at mnpower.com/hvacportal

*For a list of participating utilities, please visit mnpower.com/participatingutilities.