



AN ALLETE COMPANY

# HEATING AND COOLING SYSTEM Rebate Form

Offer valid January 1, 2021 – December 31, 2021

Apply Online: [www.mnpower.com/hvacportal](http://www.mnpower.com/hvacportal)

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



## 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
Daytime Phone Number	Email Address	Construction Type <input type="checkbox"/> New <input type="checkbox"/> Existing	Building Square Footage:	Building Type <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	
If residential, the equipment will be used in a: <input type="checkbox"/> Single Family Home <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	Primary Heating Fuel Type <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown		

## INSTALLER/CONTRACTOR INFORMATION

Business Name	Name of Product Trained Installer	Phone Number
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## 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
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Payee Legal Address

Send Check to:  Payee Legal Address  Alternate Address (Complete below)

Alternate Pay Address (Optional)

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 (first, last)		
Signature	Date	Email Address

I want to receive emails from MN 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.

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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 ENERGY STAR® specifications.	2, 3		\$400	
<input type="checkbox"/> ASHP – Ductless	Must meet ENERGY STAR® specifications.	2		\$400	
<input type="checkbox"/> ASHP – Cold Climate Ducted	Must meet NEEP specifications.	2, 3		\$1,000	
<input type="checkbox"/> ASHP – Cold Climate Ductless	Must be new construction/addition or replacing an electric heat source. Must meet NEEP specifications.	2		\$1,000	
<input type="checkbox"/> ASHP – Proper Installation (Non-ENERGY STAR®)	Proper installation of a ducted ASHP that does not qualify for other rebates.	2, 3		\$50	
<input type="checkbox"/> ECM – Circulator Pump	Must be variable speed and <1hp.	4		\$200	
<input type="checkbox"/> ECM – Replacement Motor	New ECM in existing furnace or air handler.	1		\$100	
<input type="checkbox"/> Wi-Fi Connected Smart Thermostat – Low Voltage	Thermostat allowing remote control from phone or computer. Must control an electric heat source. Limit one per household.	5		\$50	
<input type="checkbox"/> Wi-Fi Connected 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"/> ASHP – Tune-up	May be performed once every two years and requires filter change and coil cleaning.	7		\$25	
*Rebate cannot exceed total project cost including product and labor. All equipment must meet minimum requirements to qualify for rebates. Please visit <a href="http://www.mnpower.com/HVACPortal">www.mnpower.com/HVACPortal</a> to verify that equipment is eligible before installation.				<b>TOTAL REBATE*</b>	<b>\$</b>

### EQUIPMENT INFORMATION

#### 1. ECM REPLACEMENT MOTOR (existing furnace or air handler only)

Date of Installation	Furnace Fuel: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric	Central AC/ASHP present? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brand Name (ECM Motor)	Model # (ECM Motor)	Serial # (ECM Motor)

#### 2. AIR SOURCE HEAT PUMP

Date of Installation	Check one: <input type="checkbox"/> Ducted ASHP <input type="checkbox"/> Ductless ASHP <input type="checkbox"/> Cold Climate Ducted ASHP <input type="checkbox"/> Cold Climate Ductless ASHP	Existing heat source for the space where the unit operates: <input type="checkbox"/> None – New Construction/Addition <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric (Gas, Propane, Etc.)	
SEER	EER	HSPF	Size (tons)
AHRI Certified Reference Number	Indoor Brand Name	Indoor Model #	Indoor Serial #
Outdoor Brand Name	Outdoor Model #	Outdoor Serial #	
Existing Heating System: <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> ASHP <input type="checkbox"/> Baseboard <input type="checkbox"/> Electric Floor <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: _____	
If replacing existing, check one: <input type="checkbox"/> Working <input type="checkbox"/> Unit Failed			

#### 3. PROPER INSTALLATION

##### Certified Technician must check and sign off on the following:

- Certified technician has inspected the installation.
- The installation meets proper refrigerant charging and indoor airflow requirements.
- Sized properly according to manual J calculations.
- Ducts have been sealed to the extent possible.
- Verify that the indoor and outdoor units are part of a matched system according to AHRI certification directory ([www.ahridirectory.org](http://www.ahridirectory.org)) or other recognized service.

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

Certified Technician Signature	Certified Technician Print Name:	Phone Number:
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## 4. ECM CIRCULATOR PUMP

Date of Installation	Brand Name	Model #	Serial #
Motor Wattage		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 (Must control an electric source to qualify. Limit one per household.)

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		
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 _____	
Manufacturer	Model #	Serial #	

## 7. AIR SOURCE HEAT PUMP - TUNE-UP (Limit one every two years.)

Date of Tune-up	Check one: <input type="checkbox"/> Ductless <input type="checkbox"/> Ducted	Filters Changed/Coils Cleaned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Outdoor Units
Brand Name	Model #		

## TERMS AND CONDITIONS

**General Eligibility:** This offer is valid for Minnesota Power or participating municipal utility\* residential 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](http://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, 2021, and December 31, 2021; 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. Please allow 8 - 10 weeks to receive your rebate check.

## 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.

### Items that must be included when requesting rebate:

- Completed/signed copy of this form
- Copy of invoice: MUST include installation address, equipment type, manufacturer, model number, cost, date of installation

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

### Mail:

Minnesota Power HVAC Rebates  
1635 Lakes Parkway, Suite S.  
Lawrenceville, GA 30043

Email: [MNPowerRebates@franklinenergy.com](mailto:MNPowerRebates@franklinenergy.com)

Or submit online at [www.mnpower.com/hvacportal](http://www.mnpower.com/hvacportal)

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