

Healthy Homes & Power of Home Grant Application



SAINT PAUL MINNESOTA

HEALTHY HOMES PROGRAM OVERVIEW

Living in a home that needs basic repairs and uses excess energy can be a source of stress and financial strain that can put families at greater health and safety risks. The Saint Paul Healthy Homes program will address pre-weatherization (health and safety) and weatherization (insulation and air sealing) projects in qualified 1-4 unit owner-occupied residential properties.

POWER OF HOME PROGRAM OVERVIEW

The Saint Paul Power of Home program will replace gas furnaces, water heaters, stovetops, and clothes dryers with new, efficient electric models in qualified single-family owner-occupied homes. Switching from fossil fuel (natural gas) appliances to electric counterparts can reduce dangerous indoor air pollution, improve comfort, reduce greenhouse gas emissions, and potentially reduce utility costs.

FUNDING TERMS

Healthy Homes and Power of Home are grant programs. The City will pay contractors directly for the work. Homeowners do not need to repay the funds.

Program(s) Applying (check one or both):

Healthy Homes of Saint Paul

Power of Home of Saint Paul

Program Contact: Dave Schroeder | David.Schroeder@ci.stpaul.mn.us | 651-266-8540



REQUIRED DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

There are three methods to qualify for Healthy Homes and Power of Home Programs. Choose which method you would like to use and provide the documentation required for that method. **Please complete the application as thoroughly as possible**

Method One: Geographic qualification method

- Submit address of home located in an income-qualified area (Appendix I):
- Complete the income self-reporting affidavit (Appendix II)

Method Two: Participation in an income-qualified program

- Provide an award or confirmation letter related to the program you are currently enrolled in with an income qualification less than or equal to Healthy Homes/Power of Home eligibility requirements (for example, WIC, SNAP, EAP, Medicare/Medicaid)

Method Three: Income qualification method

- Submit proof of income in one of the following ways:
 - Submit complete copies of your most recent Federal Income Tax Returns as filed with the IRS, including all W-2s and/or 1099s for all household income earners ages 18 years old or older; or
 - Submit complete copies of your last three (3) month’s income for all household income earners ages 18 years old or older; or
 - Most common forms of income include paystubs, public assistance (such as social security, pensions, alimony, unemployment)

Below are the income guidelines for the Healthy Homes and Power of Home programs. Household Income is the total gross income of all wage earners in the home.

2026 HUD Income Guidelines - Household Income Limits (80% AMI) - Healthy Homes					
1 Person \$73,650	2 Persons \$84,200	3 Persons \$94,700	4 Persons \$105,200	5 Persons \$113,650	6 Persons \$122,050
7 Persons \$130,450	8 Persons \$138,900	9 Persons \$147,300	10 Persons \$155,700	11 Persons \$164,150	12 Persons \$172,550
Maximum Grant Amount: up to \$50,000					

2026 HUD Income Guidelines - Household Income Limits (50% AMI) - Power of Home					
1 Person \$46,050	2 Persons \$52,600	3 Persons \$59,200	4 Persons \$65,750	5 Persons \$71,050	6 Persons \$76,300
7 Persons \$81,550	8 Persons \$86,800	9 Persons \$92,050	10 Persons \$97,350	11 Persons \$102,600	12 Persons \$107,850
Maximum Grant Amount: up to \$50,000					



All applicants are required to submit the following:

- A signed Authorization to Release Information form.
- A signed application (all household members 18 years old or older must sign).
- A copy of your most recent mortgage statement from your mortgage company (if you have a mortgage).
- A complete copy of your current Homeowner's Insurance Policy and Declarations.
- A signed copy of the Government Data Practices Disclosure Statement (Appendix III).
- A signed Xcel Energy Consent to Disclose Utility Customer Data form (Attached).

After we review your completed grant application and documents, we will let you know if you are eligible for a grant.

DO NOT PERMIT CONTRACTORS TO START WORK ON YOUR PROPERTY BEFORE GRANT CLOSING. WORK STARTED BEFORE GRANT CLOSING IS NOT ELIGIBLE.

Return Completed Applications with ALL DOCUMENTS:

Drop Off is by Appointments only - Call 651-266-8540 or email David.Schroeder@ci.stpaul.mn.us to set up appointment

By Mail: Dave Schroeder, Healthy Homes & Power of Home Programs, 25 West Fourth Street, Suite 1100, Saint Paul, MN 55102

Please note, completed applications will not be accepted via email. It is not advisable to transmit unsecured, sensitive financial data through email.



HOMEOWNER'S RESPONSIBILITIES AND EXPECTATIONS

You are applying for the Healthy Homes/Power of Home Program Grant. These programs are funded with City funds. Each property may only qualify for Healthy Homes assistance once. Properties may qualify for Power of Home more than once but may not exceed the maximum grant amount.

<p>1. Grant Terms</p> <p>The Healthy Homes/Power of Home programs offer a grant (no payments are due) to be used for health and safety measures, pre-weatherization, weatherization, and electrification measures for the homeowner's property.</p>
<p>2. Application</p> <p>The homeowner completes and submits the application along with required documents. If approved, the grantee will receive a preapproval letter and will be assigned to the Program Manager.</p>
<p>3. Initial Inspection</p> <p>The City's Program Manager will coordinate the initial Home Energy Squad (HES) energy audit. Safety/habitability issues identified in the inspection must be addressed before any other requested eligible improvements can be addressed.</p>
<p>4. Scope of Work</p> <p>The City's Program Manager prepares the scope of work along with homeowner, incorporating recommendations from the HES energy audit.</p>
<p>5. Final Bid Package</p> <p>The City's Program Manager and homeowner finalize the scope of work. Cost analysis and energy savings calculations will be performed to assure the bid is reasonable and cost effective.</p>
<p>7. Final Grant Approval and Grant Closing</p> <p>Once the homeowner has agreed to the scope of work, the Healthy Homes/Power of Home team conducts grant closing with the homeowner(s).</p>
<p>8. Construction</p> <p>The City's Program Manager issues the Proceed to Work Notice to the Contractor, then the Contractor schedules a start date and work commences. The Program Manager administers the interim draw requests, which are signed by the homeowner until completion of project. Owner should not conduct other rehab or demolition work during the construction period under this contract.</p>
<p>9. Final Payment to Contractor</p> <p>The homeowner signs the final draw request and completion of project documents, authorizing the final payment to the Contractor.</p>

I hereby acknowledge receipt of this "Homeowners Responsibilities and Expectations" and agree to comply with all program rules and regulations.

Owner (print and sign)

Date

Owner (print and sign)

Date



AUTHORIZATION TO RELEASE INFORMATION

I/We have applied for a grant from the City of Saint Paul. As part of the application process, the City of Saint Paul may verify information contained in my/our grant application and in other documents required in connection with the grant. This verification process will be conducted either prior to closing or subsequent to closing and may be performed either by employees of the City of Saint Paul or by independent third parties, as a part of the origination, processing, underwriting, closing or quality control programs of the City of Saint Paul.

I/We authorize you to provide the City of Saint Paul any and all information and documentation that they request. Such information includes but is not limited to: employment history and income; bank, money market and similar account balances; credit history; and copies of income tax returns. The City of Saint Paul, or any investor that purchases the mortgage, may address this authorization to any party named in the grant application.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

Thank you.

Applicant (print name)

Co-Applicant (print name)

Applicant Signature

Co-Applicant Signature

Social Security Number

Social Security Number

Date

Date



City of Saint Paul Healthy Home & Power of Home Grant Application

Applicant #1

Name:	
Social Security No:	
Date of Birth:	
Gender:	
Female	Male
Prefer not to say	
Marital Status:	
Never Married	Married
Divorced	Widowed
Separated	
Ethnicity (optional):	
Hispanic/Latino	Non-Hispanic
Race:	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Prefer not to say	
Disabled:	
Yes	No
Current Address:	
City, State/Zip:	
Date of Purchase:	Purchase Price:
Market Value from Tax Statement:	
Year Built:	Number of Dwelling Units:
Applicant #1 Home Number:	
Applicant #1 Mobile Number:	
Applicant #1 E-mail:	

Applicant #2 Co-Applicant

Name:	
Social Security No:	
Date of Birth:	
Gender:	
Female	Male
Prefer not to say	
Marital Status:	
Never Married	Married
Divorced	Widowed
Separated	
Ethnicity (optional):	
Hispanic/Latino	Non-Hispanic
Race:	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Prefer not to say	
Disabled:	
Yes	No
Applicant #2 Home Number:	
Applicant #2 Mobile Number:	
Applicant #2 E-mail:	



Mortgage(s)

The Healthy Homes and Power of Home program provide grants for pre-weatherization, weatherization, and electrification improvements. To be eligible, homeowners in Saint Paul must provide proof of ownership and current home insurance.

(Deed Holders must sign the mortgage for this grant. Before application submittal, confirm that your Deed Holder will sign)

Type of debt: Mortgage/Contract for Deed/Other, explain:		
Lender Name & Address:		Account Number:
Interest Rate:	Monthly Payment:	Balance:
Type of debt: Mortgage/Contract for Deed/Other, explain:		
Lender Name & Address:		Account Number:
Interest Rate:	Monthly Payment:	Balance:

Homeowner Insurance Information

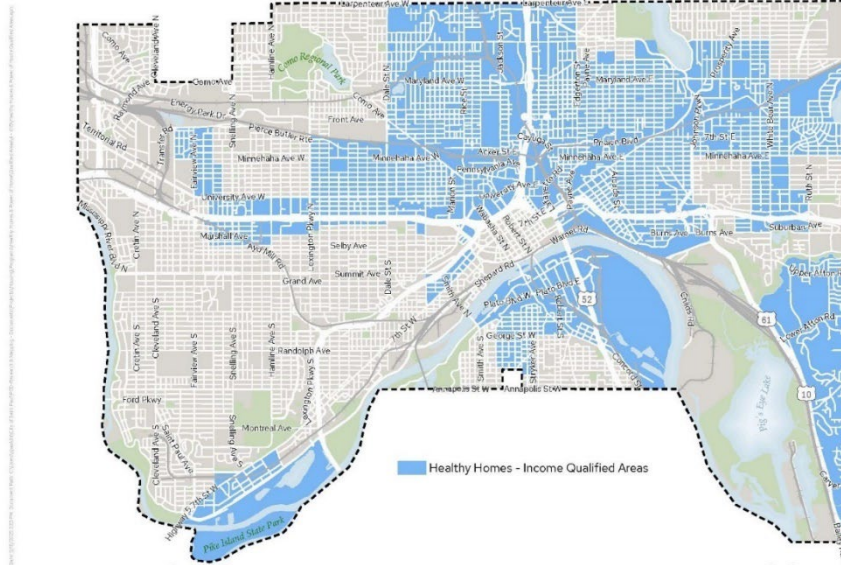
Agent Name: _____ Agent Phone Number: _____
Insurance Company Name: _____
Insurance Company Address: _____
Policy #: _____



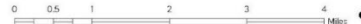
Appendix I

Healthy Homes - Income Qualified Areas

Tuesday, March 18, 2025

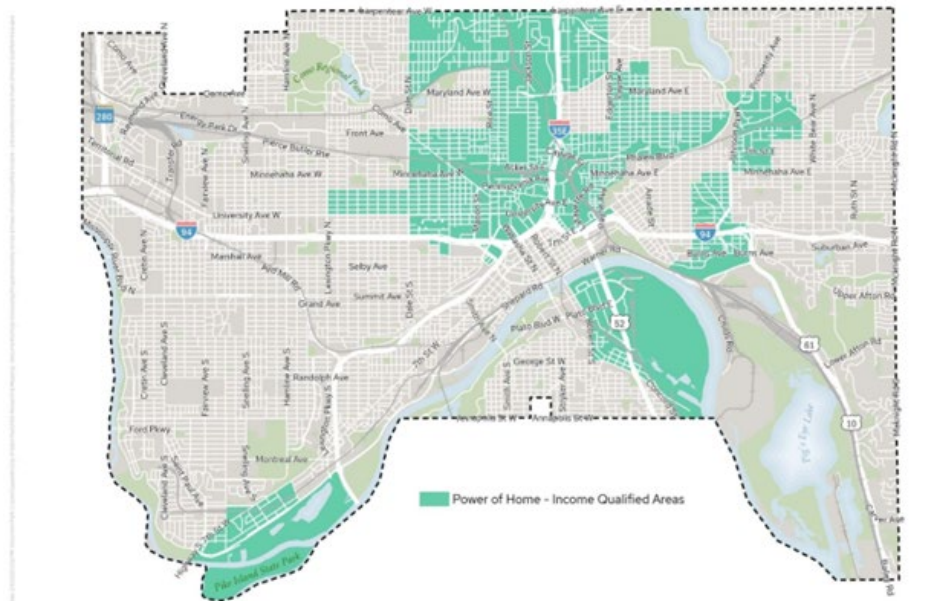


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Power of Home - Income Qualified Areas

Friday, January 31, 2025



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Appendix II

To qualify for Healthy Homes and/or Power of Home through the geographic method (method 1), a self-reported income affidavit is required. Please list all forms of income in the boxes below. If a section below is not applicable, you may leave it blank.

Self-Reported Income Affidavit (Method 1)- Use extra sheets, if needed

Name of Income Earner:		Position:	
Employer Name & Address:			
Start Date:	Yearly Gross Income \$:	Hours worked per week:	
Name of Income Earner:		Position:	
Employer Name & Address:			
Start Date:	Yearly Gross Income \$:	Hours worked per week:	
Name of Income Earner:		Position:	
Employer Name & Address:			
Start Date:	Yearly Gross Income \$:	Hours worked per week:	
Name of Income Earner:		Position:	
Employer Name & Address:			
Start Date:	Yearly Gross Income \$:	Hours worked per week:	

Other Sources of Income: Social Security, Supplemental Security Income, Pension & Retirement, Unemployment, Child Support, Public Assistance - Use extra Sheets if needed

Name of Household Member:		Monthly Amount:
Source Name:	Address & Phone No:	
Name of Household Member:		Monthly Amount:
Source Name:	Address & Phone No:	
Name of Household Member:		Monthly Amount:
Source Name:	Address & Phone No:	



Appendix III

Government Data Practices Act Disclosure Statement

Head of Household, Spouse, Co-Head and all household members age 18 or older must sign and date:

Print name(s) of Household Members signing this form:	

The City of Saint Paul may provide financial assistance to the property listed below which requires the submission of certain private information that relates to your application for the Healthy Homes and Power of Home Program.

Some of the information you are being asked to provide may be considered private or confidential under the Minnesota Government Data Practices Act (MGDPA), Minnesota Statutes Chapter 13. Section 13.04(2) of this law requires that you be notified of the matters included in this Disclosure Statement before you are asked to provide that information. The Owner of the Property may also ask you to supply information that relates to your application. The Owner's request for information is not governed by the Minnesota Government Data Practices Act.

1. The City of Saint Paul is asking for information necessary for the administration and management of a local program to provide energy upgrades to households for low- and moderate-income families. Some of the information may be used to establish your eligibility in Healthy Homes/Power of Home. Other information may be used to assist the City in the evaluation and management of some of the programs it operates.
2. The information asked for in this application will be used to establish your eligibility in the programs. If you refuse to supply any portion of the information, you may not qualify for the programs.
3. All of the information provided for this application will be accessible to staff of the City (and its agents) and may be made available to staff of the Office of the Minnesota State Auditor or Attorney General, the United States Internal Revenue Service (IRS) and other persons and/or governmental entities who have statutory authority to review the information, investigate specific conduct, and/or take appropriate legal action including but not limited to law enforcement agencies, courts and other regulatory agencies.



4. This Disclosure Statement remains in effect for as long as you occupy the property.

I was (We were) supplied with a copy of and have read this Government Data Practices Act Disclosure Statement. I acknowledge that the information I am providing on this application will be relied upon for purposes of determining my income eligibility of Healthy Homes and Power of Home programs and declare under penalty of perjury, which is a felony offense, that the supporting information provided are true and correct.

Head of Household, Spouse, Co-Head and all household members age 18 or older must sign and date:

 Applicant/signature Date

 Applicant/signature Date

 Applicant/signature Date

 Applicant/signature Date

 Applicant/signature Date



Consent to Disclose Utility Customer Data

All requested information must be provided for the consent to be valid. This form may be available in other languages. To obtain a copy in another language, please contact inquire@xcelenergy.com. Para obtener una copia de este formulario en español, por favor contacte a su proveedor de servicios públicos

Utility name and contact **Xcel Energy Correspondence Department**

Physical and mailing address **P.O. Box 8, Eau Claire, WI, 54702**

Phone **800.895.4999** Email **datarequest@xcelenergy.com** Fax **866.208.8732**

For additional information, including the utility's privacy policy, visit xcelenergy.com.

To be completed by the data recipient

By signing this form, you allow your utility to give the following information to:

Organization/trade name _____

Contact name (if available) _____

Physical and mailing address _____

Phone _____ Email _____ Fax _____

This organization will receive the following customer data:

Information from your meter collected by your utility services provider from the following services (check all services that apply):

electric steam natural gas

Information regarding your participation in renewable energy, demand-side management, load management, energy efficiency or other utility programs

Other (specify) _____

This information will be used to:

Provide you with products or services you requested

Offer you products or services that may be of interest to you

Determine your eligibility for an energy program

Analyze your energy usage

Other (specify) _____

Data collection period

The relevant timeframe associated with the requested data is as follows:

for the period beginning _____ and ending _____

You may terminate this consent at any time by sending a written request with your name and service address to your utility.

To be completed by the customer

Customer data can provide insight into activities within the premises receiving utility service. Your utility may not disclose your customer data except (1) if you authorize the disclosure, (2) to contracted agents that perform services on behalf of the utility, or (3) as otherwise permitted or required by laws or regulations.

You are not required to authorize the disclosure of your customer data. Not authorizing disclosure will not affect your utility services.

You may access your standard customer data from your utility without any additional charge.

Your utility will have no control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking any steps to ensure that the data recipient maintains the confidentiality of the data or uses the data as authorized by you. Please be advised that you may not be able to control the use or misuse of your data once it has been released.

In addition to the customer data described above, the data recipient may also receive the following from your utility: your name; account number; service number; meter number; utility type; service address; premise number; premise description; meter read date(s); number of days in the billing period; utility invoice date; base rate bill amount; other charges including base rate and non-base rate adjustments; taxes; and invoice total amount. Your utility will not provide any other information, including personally identifiable information, such as your Social Security Number or any financial account number, to the data recipient through this consent form.

PLEASE READ THE CUSTOMER DISCLOSURES ABOVE

By signing this form you acknowledge and agree that you are the customer of record for this account and that you authorize your utility service provider to disclose your customer data as specified in this form.

Customer account number _____

Service address _____

Printed name _____

Signature of customer of record _____ Date signed _____