Thank you for choosing Ecolibrium 3 to help improve the energy efficiency of your home!

Our program is funded through the Community Development Block Grant program administered by the City of Duluth and supported by the U.S. Department of Housing and Urban Development (HUD). As such, we are required to document income and other demographic information. The table on the right shows the 2025 HUD income qualification limits for various household sizes.

Please fill out this form to the best of your ability. You must also sign and date this application at the bottom of the last page.

| HOUSEHOLD SIZE | ANNUAL INCOME ELIGIBILITY 2025 |
|-------------------|-----------------------------------|
| 1 | \$56,350 |
| 2 | \$64,400 |
| 3 | \$72,450 |
| 4 | \$80,500 |
| 5 | \$86,950 |
| 6 | \$93,400 |
| 7 | \$99,850 |
| 8 | \$106,300 |

PART 1: PERSONAL INFORMATION

| First Name | Midd | lle Initial | Last Name | : | | |
|---------------------------------------|------------------|-------------|-----------------|----------|----|--------------|
| Property Address | | | | | | |
| City | State | _ Zip Code | | Count | У | |
| Preferred Phone # | | Eı | mail Address | | | |
| How many people in | your household | had income | in the past 3 m | onths? | | |
| Do you own your ho | me? (Check one): | Yes | No | | | |
| Have you had AEOA | Weatherization | performed | since 1994? | Yes | No | I don't know |

PART 2: HOUSEHOLD INFORMATION

Including yourself, list all household members. Attach a separate sheet if necessary.

| HOUSEHOLD MEMBER NAMES | SOCIAL SECURITY NUMBER | DATE OF BIRTH (MM/DD/YY) | HISPANIC (Y/N) | RACE (SEE BELOW) | SEX (M/F) | YEARS OF SCHOOL | HAVE INCOME (Y/N) | DISABLED* (Y/N) |
|------------------------|------------------------------|--------------------------------|-------------------|------------------------|--------------|--------------------|-------------------------|--------------------|
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |

Disability: a physical or mental impairment that substantially limits one or more major life activities.

| RACE |
|--------------------------------|
| INFORMATION: |
| Select letter for chart above. |

W= White B= Black/African American A= Asian I= American Indian/Alaskan Native

Al= Asian & White BA= Black/African American & White

IB= American Indian/Alaska Native & Black O= Other Multi-Racial (not identified on this list)

PART 3: PROOF OF INCOME AND BENEFITS

Check all the sources of income your household receives. Send copies of most recent federal tax return and proof of gross income for the past 3 complete months for all household members.

Your application will be delayed if you do not include proof of income.

| TYPE OF INCOME | DOCUMENTATION | | |
|--|--|--|--|
| Wages Not including wages earned by children in grades K-12 | 3 months' worth of the most recent paystubs Other, explain: | | |
| Government or Retirement Benefits Other: MN Family Investment Program, Unemployment, Worker's Compensation, MN Supplemental Aid, Divisionary Work, Food Support, General Assistance, Earned Income Tax Credit, Pension/Annuity, Long/Short Term Disability | SS or VA benefits letter Retirement fund statement/letter detailing monthly payment amount Other, explain: | | |
| Self-Employment Including Farm Income, Rental Income, Interest or Dividend, Contract for Deed, Farm Income | 2 years' worth of the most recent tax returns with business profit/loss information Other, explain: | | |
| Other Including Tribal Bonus or Per Capita Payments | Explain: | | |

Provide the following information for any household members listed in Part 1 who earn income.

| HOUSEHOLD MEMBER NAMES | INCOME SOURCE/EMPLOYER NAME | DATE STARTED | DATE ENDED |
|------------------------|-----------------------------|--------------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

I certify that the above information on this form is accurate and complete. By signing below I give my consent to share this information with various funding sources, such as city, state, and federal agencies to help meet funding requirements.

| Signature: | Complete and return to: Ecolibrium3 2014 W 3rd Street |
|------------|---|
| | |
| D + | Duluth, MN 55806 |
| Date: | or email to energy@ecolibrium3.org |
| 102.40 | ecolibrium3.org 218-203-0464 |



Minnesota Data Privacy Act/Tennessen Warning:

The Minnesota Data Privacy Act requires that certain information you provide on this form remains as private data. The information about you that is collected on the Ecolibrium3 Income Verifiction Form will be classified as private data. Private data about you will be accessible only to you and the personnel who comply with program and reporting requirements. The data you provide is needed to: identify you; contact you in case of random program or energy use evaluation; comply with certain federal and state reporting requirements; evaluate program effectiveness; and administer the Ecolibrium3 rebate program. If you choose to supply all of the requested data, your application will proceessed on a first-come, first-served basis in accordance with the unreserved-rebate program guidelines. If you refuse to supply data requested on the income verification form, your application cannot be processed. Disclosure of Social Security Number for the primary applicant is required. If you do not provide your verifiable Social Security Number, your application cannot be processed. AUTHORITY: Section 205(c)(2)(C)(i) of the Social Security Act, 42 U.S.C. § 405(c)(2)(i)