



2024 Residential Energy Assessment Application Form

Fill in all the fields below completely. Please note, rebate funds are limited, only apply to Minnesota customers, and will be paid on a first-come, first-served basis. This program ends December 31.

(Rev. 01/24)

Customer Information

Customer Name:		GPNG Account No:	
E-mail Address:			
Installation Address:	City	State	Zip
Mailing Address (If Different):	City	State	Zip
Home Phone:	Daytime Phone:		

Residential household information required by MN DOC

Is this a rental property? Yes No

If Rental Property-Name of Owner:	Owner's Address:
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How many people live at this residence? _____

Total yearly household income:	<input type="checkbox"/> \$ 0 - \$32,667	<input type="checkbox"/> \$32,668 - \$42,719	<input type="checkbox"/> \$42,720 - \$52,770
	<input type="checkbox"/> \$52,771 - \$62,822	<input type="checkbox"/> \$62,823 - \$72,874	<input type="checkbox"/> \$72,875 - \$82,925
	<input type="checkbox"/> \$82,926 - \$84,810	<input type="checkbox"/> \$84,811 - \$86,695	<input type="checkbox"/> \$86,696 & Over

Energy Assessment Request Agreement

I wish to have an energy assessment performed on my home. I understand that Great Plains Natural Gas Co. (Great Plains), through its Conservation Improvement Program (CIP), has a limited number of assessments available. The assessment will be performed by a state certified auditor contracted by Great Plains.

Upon receipt of the application it will be determined if there are assessments available and you will be notified whether or not an assessment will be performed on your home. If you are selected to have an assessment performed, the contractor will contact you to schedule the assessment. Assessments are awarded on a first come first served basis. Signing below gives Great Plains permission to provide one year of natural gas usage information to the contractor.

I would like an Energy Assessment performed on my home, and I understand that I will be billed \$50 for the Energy Assessment once completed. (Missed appointments with the auditor may result in an additional \$50 charge for each occurrence.)

Signature

Customer Signature:	Date:
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Send completed application to:

**Great Plains Natural Gas Co.
Attn: Energy Programs
400 North 4th Street
Bismarck, ND 58501**

For Great plains Internal Use Only

Date Application Received: _____	Date Assessment Completed: _____
Cost of Energy Assessment: _____	Account Distribution: <u>73106.5731.29080.116620</u>
Is this a rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved by: _____
Approved by: _____	Date Processed: _____

Please attach a copy of the energy assessment report

This program is subject to change and approval by the Minnesota Department of Commerce.