

# Rental Rehabilitation Program

## Applicant and Business Information

Business Name (if applicable): \_\_\_\_\_ # of Units: \_\_\_\_\_ (6 Max)  
Property Address: \_\_\_\_\_ Federal ID # \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Is the property privately owned? \_\_\_\_\_ Are these long term rentals? \_\_\_\_\_  
Do you have **Prevailing Wage** bids? \_\_\_\_\_ Ready to start? \_\_\_\_\_ Estimated Start Date? \_\_\_\_\_  
Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Electronic signature will be represented by typing full, legal name in the specified signature box and I agree that my electronic signature is the legally binding equivalent to my handwritten signature.

## Type of Work

Code violations	Painting or interior finishing	Heating and cooling	Health and safety issues
Kitchen & Bathroom upgrades	Building envelope air sealing	Window & Door replacements	Other: _____
Flooring	Insulation and ventilation	Renewable energy	

*\*All facilities are subject for review and approval*

*\*Government, HRA, & Publicly owned housing is not eligible.*

*\*Units are to be privately owned and operated.*

## Proposed Project

Please give a brief overview of the upgrades you are interested in completing.

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How much are you willing to invest? \$ \_\_\_\_\_ List Funding Sources (Self, Loan, Grant, etc.): \_\_\_\_\_

Will you be leveraging other Grants, Rebates, Local, State or Federal Funding: \_\_\_\_\_

## Eligible Activities

Code violations	Insulation and ventilation	Heating and cooling	
Kitchen and bathroom upgrades	Window and door replacements	Building envelope air sealing	
Flooring	Painting and other interior finishing	Health and safety issues	Renewable energy

## Program Information

**\*\*A \$250.00 application fee will be required at the initial inspection & processed when the work is awarded\*\***

**\*\*BIDS SUBMITTED MUST MEET CURRENT STATE FUNDED COMMERCIAL PREVAILING WAGE\*\***

Mail or Email completed application and release form to:



AEOA  
attn: Noah Ningen  
2900 E Beltline STE: #9  
Hibbing, MN 55746  
Phone: 218-780-8061  
Email: noah.ningen@aeoa.org



## AUTHORIZATION TO RELEASE PHOTO INFORMATION

AEOA  
attn: Noah Ningen  
2900 E Beltline STE: #9  
Hibbing, MN 55746  
Phone: 218-780-8061  
Email: [noah.ningen@aeoa.org](mailto:noah.ningen@aeoa.org)

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Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Rental Rehab Application

Revised 12-2-25 Noah Ningen