

Chop-A-Watt Home Energy Saver Program Weatherization and Repair Program Application

Please return this completed application and the following documents to: Chop-A-Watt % EHS 4023 Kennett Pike #50363 Wilmington, DE 19807 Or: Chopawatt@EleventhHouseSolutions.com

Please include:

- □ Summary page(s) of your current homeowner's insurance policy showing address and expiration date
- Proof of income via most current SIGNED & DATED federal tax return (1040 is sufficient) (at a minimum: must show name, dependents, and adjusted gross income) for all household members over 18. This is a requirement and failure to send the signed page will delay processing of your application.
 - OR, provide proof of no/reduced income via proof of: social security, food stamps, or similar benefits
- □ Copy of title if you reside in a mobile home

individual applicants on the basis of visual observation or surname.

Applicant Information - Applicant Must be the Primary Person Listed on the Choptank Electric Account.		
Applicant Name	Date of Birth Age	
Home Address/Mailing Address (if different)		
City and Zip	County	
E-mail address:		
Home phone		
Choptank Electric Account Number (if known)		
Ethnic Group of Primary Applicant	Race of Primary Applicant	
Hispanic, Latino, or Spanish Origin	American Indian or Alaska Native	
Non Hispanic, Latino or Spanish Origin	AsianNative Hawaiian or Other Pacific Islander	
	Black or African AmericanWhite	
Gender Identity of Primary Applicant (M/F/Oth	ner)	
The information solicited on this application is requested by the gra	antee in order to assure the Federal Government, that Federal laws prohibiting	
discrimination against applicants on the basis of race, color, nation	al origin, religion, sex, familial status, age, and handicap are being complied with. You	
are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to		
discriminate against you in any way. However, if you choose not to	furnish it, the grantee is required to note the race/national origin and sex of the	

Questions? Please call (877) 892-0001 x 8677 and leave a detailed message or email Chopawatt@EleventhHouseSolutions.com.

Please list all additional members of household (if over 18 please provide proof of income/no income):		
Name	Relationship to Applicant	Date of Birth

Requested Work to be Performed (Please attach additional pages if necessary)

Please provide the following information: Is your home a mobile home? yesno If your home is a mobile home, please include a copy of your title		
Do you own the home or have a mortgage or are you a renter?		
Do you reside in the home as your primary residence? yes no		
Have you lived in the home for more than one year? yes no Do you have current Homeowner's Insurance? yes no Please include a copy of your current homeowner's		
insurance policy (summary page is sufficient)		
Is the home in foreclosure, encumbered by a "reverse mortgage", or listed for sale? yes no		
Is any part of your home's "envelope" open/exposed? E.g. missing drywall, hole(s) in walls/floor, etc yes no		
If yes, short description:		
Have you been served/your home received an energy audit by any other program so far? yes no		
Please specify the program, year, and what was done		
 By signing below, you acknowledge that you have read, understand, and agree to the following: I understand that by completing this application, I authorize the Chop-A-Watt Home Energy Saver Program to evaluate my need for home weatherization and/or repair. I understand that the evaluation may include in- 		

- Person visits to my home.
 I understand that the Chop-A-Watt Home Energy Saver Program may cross reference my application to other Health, Housing, and Energy (HeHE) programs to find additional resources to use on/in my home.
- I have answered all application questions truthfully.

- I understand that if I do not answer truthfully and still participate in this program; I am responsible for taking money/services from others who *actually* need and deserve this type of help.
- I understand that even if my application is approved, I may not be served by the program due to: lack of funding or any other unforeseen circumstance.
- I understand that the Chop-A-Watt Home Energy Saver Program reserves the right to refuse service to anyone.
- I understand the program may access past and future utility data and other information to gauge program effectiveness.
- I agree that the program may use such photographs of my home for purposes of: monitoring, illustrating "before and after", publicity, illustration, advertising, and/or Web content.

I have signed this application, provided this information voluntarily, and understand that non-sensitive information may be used for the tracking and improvement of the Chop-A-Watt Home Energy Saver Program, and program funders.

Applicant Signature_____

__Date____

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OR, provide proof of no/reduced income via proof of: social security, food stamps, or similar benefits

- □ A copy of the property deed (summary page is sufficient showing names and address of property)
 - □ OR copy of title if you reside in a mobile home

We cannot process your application until we have received <u>ALL</u> of these documents PLEASE DO NOT SEND US ORIGINALS OR DOCUMENTS YOU NEED TO GET BACK!