



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 (at a minimum: must show name, dependants, and adjusted gross income) for all household members over 18.** This is a requirement and failure to send 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

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 _____ Cell number _____

Choptank Electric Account Number (if known) _____

Ethnic Group of Primary Applicant

____ Hispanic, Latino, or Spanish Origin

____ Non Hispanic, Latino or Spanish Origin

Race of Primary Applicant

____ American Indian or Alaska Native

____ Asian ____ Native Hawaiian or Other Pacific Islander

____ Black or African American ____ White

Gender Identity of Primary Applicant (M/F/Other) _____

The information solicited on this application is requested by the grantee in order to assure the Federal Government, that Federal laws prohibiting discrimination against applicants on the basis of race, color, national 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 individual applicants on the basis of visual observation or surname.

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

Updated 7/19/22

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? yes_____no_____ **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.

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- 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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Did you include:

- Summary page(s) of your current homeowner’s insurance policy showing address and expiration date
- Proof of income via **most current (2021) SIGNED & DATED federal tax return (at a minimum: must show name, dependants, 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
- 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 ALL of these documents
 PLEASE DO NOT SEND US ORIGINALS OR DOCUMENTS YOU NEED TO GET BACK!**

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