Logo, icon

Description automatically generated

Heater Hotline New Castle County

The Replacing, Repairing Heaters and Conserving Energy Program (RRHACE)

We’re sorry to hear that you’re experiencing a disruption of heating, and hope we can help!

**Step 1**: Gather each item of the attached Application Checklist including

1. Proof of Ownership
2. Photo ID
3. Social Security Cards
4. Birth Certificates
5. Proof of Delaware Residency
6. Proof of Income
7. Energy Usage



**For assistance navigating the application process, please call us at 302-778-9998.**

**Step 2:** Fill out the attached application, submit alongside your documents!

* Online: go to [ecasavesenergy.org/hotlinencc](http://www.ecasavesenergy.org/hotlinencc) to submit your application and documents online! ECA can receive applications and application documents emailed to: [HotlineNCC@ecasys.org](mailto:HotlineNCC@ecasys.org) , Subject Line: [Name] Application Documents
* Many Delaware public libraries offer FREE scan-to-email services. Libraries with free scanning services include both locations of Wilmington Public Library, policies here: <https://wilmington.lib.de.us/services/computers-and-technology-services/>
* By mail / for physical dropoff: our address is 800 N. King Street Suite 202, Wilmington DE 19801.
* In-person: DHSS and the Delaware Public Library system are partners, and social workers are available for appointments on application assistance at 8 public libraries across New Castle County! Find more information and the appointment system at: <https://lib.de.us/socialworkers/>

**Step 3:** We’ll be in touch! If you’re missing anything we’ll let you know, once everything is in order, ECA will schedule a visit to diagnose your heater’s issue.

**Step 4:** ECA will encourage you to cross-apply for linked programming, such as Delaware’s Weatherization Assistance Program, to deliver the most value we can for you and your home!

**Step 5:** Based on our findings, we’ll receive bids and schedule a contractor visit for heater repair or replacement.

**Step 6**: All completed work will be inspected by ECA staff to ensure work quality.

**DO NOT send original documents, send copies only.**

# Document CHECKLIST

REQUIRED DOCUMENTS: All documents **MUST** match the client’s information.

**Proof of ownership** via deed or title and county taxes

**Photo ID** for all adults (18 and over)

**Social Security** Cards or letter from the Social Security office showing the SSN

(*NO OTHER PROOF WILL BE ACCEPTED*)

**Birth Certificates** for all adults and children under 18

If applicable: **Proof of Qualified Alien Status** (Lawful Permanent Residency)

**Proof of Delaware Residency** via

1. Current driver’s license with current address
2. **Or** non-driver ID card, with current address
3. **Or** mortgage statement
4. **Or** utility or cable bill
5. **Or** bank statement with DE address

**Proof of Income** via

1. Paystubs for the last 3 months,
2. **Or** year-to-date pay stub if a household member has worked at the same company for 1 year or more.
3. **Or** proof of tax records for self-employed
4. **Or** NO INCOME DECLARATION from State Service Center
5. **Or** Proof of Disability Documentation
6. Unearned Income (SSI, SSD, Unemployment, Pension, GA, Other)

**Energy Usage** via

1. Attached current copies of your electric, natural gas, and propane bills with current address and account numbers

**CLIENT REMINDERS:**

* We cannot process your application until we have ALL the following documents.
* We will not return any documents so please **DO NOT provide Originals**

# APPLICATION

Name: First Last:

Address: City: Zip:

Phone #: Secondary Phone #:

MCI: Preferred Language:

## PLEASE LIST ALL HOUSEHOLD MEMBERS HERE

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First and Last Name) | Sex | Race | Disabled Y/N | Social Security # | Birth Date | Age | Relation to you | Monthly Income |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |

**Dwelling**: Mobile Home Single Family Town/Row Home Other

**Type of Heating**: Electric Oil Natural Gas Kerosene Propane Other

**Do you have Storage Tank** (Y/N): Do you currently has fuel / Gas in Storage Tank (Y/N)

Fuel / Gas Vendor: Account #:

Electric Vendor: Account #:

**Please Note:** Eligibility for the Heater Hotline (RRHACE) does NOT guarantee a replace/repair will be provided on the equipment. We encourage clients to complete the application process to be considered for other supplemental programs such as theWeatherization Assistance Program (WAP.)

AGREEMENT

I (Applicant) certify that I have read and fully understand the information on this application and that it is true and correct. I agree to notify ECA of any changes to this application within ten (10) days. I certify that this is the only application submitted from or on behalf of my household. I understand that it is against the law to make false statements and that I will be subject to prosecution if I do. I understand the right to a fair hearing if I am dissatisfied with the application process or eligibility decision. I authorize ECA and the Department of Health and Social Services (DHSS) to obtain information about my utility / heating costs, usage, and billing history from my Vendor(s). I authorize ECA and my Energy Services Provider to disclose my customer data. Please note that the Energy Services Provider will have no control over the data disclosed pursuant to this consent and will not be responsible for monitoring or taking steps to ensure that DHSS maintains the confidentiality of the data or uses the data as authorized by the applicant. I further agree to hold harmless and/or release my Energy Services Provider against any claims, losses, demands, damages, or liability of any kind caused by or allegedly caused by such data and/or contractual work. I am aware and I agree as the applicant that ECA and their subcontractors will perform a Final Inspection after the heating repair/replacement services are completed. I authorize ECA to refer my application to programs within State Agencies as deemed beneficial to my household. Eligibility for the Program (RRHACE) does not guarantee Replacement/Repair services will be provided.

## Applicant Signature: Date:

# DO NOT SEND ORIGINALS OR DOCUMENTS YOU NEED TO GET BACK