



Refrigerator Replacement Program



You may qualify for a new Energy Star refrigerator delivered to your home for a \$50 fee

How to Qualify

1. Must be a Delmarva Power residential electric customer (Homeowner or Renter).
2. Must have a refrigerator manufactured before December 2013.
To verify manufacturer's date, go to: <http://www.appliance411.com/service/date-code.php>
3. Your old refrigerator must be removed by HFH upon delivery of your new refrigerator.
4. Your annual household income must not exceed 60% Area Median Income. (See table in application.)

How to Apply

1. Visit our website www.habitatncc.org/restore/refrigerator-replacement-program. Download and print application.
2. Mail or email your completed application and required documentation to:
Habitat for Humanity of New Castle County
Attn: Refrigerator Replacement Program
1920 Hutton St.
Wilmington DE 19802
rrp@habitatncc.org

What to Expect

1. Habitat for Humanity will contact you directly and explain the process.
2. \$50 cash or money order will need to be paid prior to refrigerator replacement.
3. Habitat for Humanity will deliver your new Energy Star refrigerator and remove your old refrigerator.

Your new refrigerator will be a full-sized, ENERGY STAR qualified refrigerator with the freezer on top.

All of our Energy Star refrigerators are frost-free and include:

- 2 refrigerator shelves • refrigerator door shelves • 1 freezer shelf
- 2 freezer door bins • 1 year limited manufacturer's warranty

Please Note

- One refrigerator per address and Delmarva Power account
- All doorways, hallways, and pathways should be cleared and big enough for easy transport so refrigerator can be placed without disassembly
- Supplies are limited
- Available on a first-come, first-served basis • Program may be terminated at any time.

Questions: Call or Email Us!

Habitat for Humanity of New Castle County | (302) 652-0365 ext. 102 | rrp@habitatncc.org



Refrigerator Replacement Application



Personal Information

Name: _____

Address: _____ Unit/Lot #: _____ City: _____ Zip Code: _____

Email Address*: _____ Phone: (_____) - ____ - _____

*If provided, we will contact you via email

Do you rent or own the house/unit where the refrigerator is being replaced?
 Own Rent (Renters can qualify, with owner's permission)

Delmarva Power & Refrigerator Information

Name on Delmarva Power Account: _____

Delmarva Power Acct No. (must be 11 digits): _____

Old Refrigerator Brand: _____ Refrigerator Manufactured Date: _____

Old Refrigerator Model #: _____ Old Refrigerator Serial #: _____

Other Information

Will a 66"h x 30"w x 33.5"d refrigerator fit in your kitchen? Yes No

In order for us to better serve you and your community, please share with us how you learned about this program:

- ReStore Mail Neighbor Friend or Family County Other (specify): _____
- I understand the refrigerator may not function properly in an unheated area such as a garage, outbuilding, porch, etc.
- I understand the refrigerator cord must be able to reach and plug into a three prong electrical outlet.
- I understand I will be required to complete a survey.

Annual gross household income (include all household members): _____ Number in household: _____

By checking this box, I certify that my annual household income is less than the maximum listed below:

New Castle County	Household Size	1	2	3	4	5	6	7	8
	Max. Annual Income	\$39,720	\$45,360	\$51,060	\$56,700	\$61,260	\$65,820	\$70,320	\$74,880

- I have included my most recent DelMarva Power Bill
- I have included a copy of my ID/photo driver's license
- I have included the following: Proof of income (1 month of paystubs)
 Proof of benefit (Social Security, SSI, TANF, GA, WIC, food stamps award letter, unemployment)
- By checking this box, I certify that information is valid within the past 12 months

COMPLETE THE SECTION BELOW IF YOU OWN A MANUFACTURED HOME

Year your manufactured home was built _____

*Please Note: Most Manufactured Homes need a 16 cubic foot refrigerator

Square Footage: _____ sq. ft. (If unsure, please check one Single Wide or Double Wide)

Heat: Gas Electric Water Heater: Gas Electric Central A/C: Yes No

By checking this box, I certify that the information on this form is accurate and I have completed it to the best of my ability.

Signature: _____

Date: _____

Questions: Call or Email Us!
Habitat for Humanity of New Castle County | (302) 652-0365 ext. 102 | rrp@habitatncc.org