



Request free home repairs and new appliances

The DC Department of Energy and Environment (DOEE) can fix an emergency break, do home repairs, and help reduce your home's utility costs.

Determine if you're eligible.

- ✓ I live in a home in DC that I rent or own.
- ✓ My home is not in foreclosure.
- ✓ My household receives Low Income Home Energy Assistance Program (LIHEAP), Temporary Assistance for Needy Families (TANF), Section 8 Housing Voucher, or Supplemental Security Income (SSI).
- ✓ If I'm requesting Emergency Mechanical Systems replacement, I live in a building or house with 4 units or less.

What can we help you with? *Check all that apply.*

- Emergency Mechanical Systems Replacement** - I'm experiencing an emergency with my central air conditioning, heating system, hot water tank, or chimney that needs to be repaired or replaced within the next few days.
- Efficiency and Safety** - My home could use repairs like roof repair, mold remediation, insulation and duct sealing to protect it from the cold, heat, rain, or wind and/or new appliances that use less energy.

Tell us about yourself.

Full name:			
Do you rent or own your home? <input type="checkbox"/> Own. <input type="checkbox"/> Rent. <i>Your landlord will need to give their permission.</i>			
Residential Address:		Unit:	Washington, DC ZIP:
DC Ward:	Email:	Phone:	
What is the primary language spoken in your home?			
<input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Français <input type="checkbox"/> 普通话 <input type="checkbox"/> 한국어 <input type="checkbox"/> Tiếng Việt <input type="checkbox"/> አማርኛ <input type="checkbox"/> _____			

Tell us about your family and home.

Is your home "historic" or in a historic district?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not sure
Does your home have any roof leaks or structural damage?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
What type of heating system does your home have?	<input type="checkbox"/> Furnace (vents)	<input type="checkbox"/> Boiler (radiator)	<input type="checkbox"/> Heat pump
What type of cooling system does your home have?	<input type="checkbox"/> None	<input type="checkbox"/> Window air conditioner	<input type="checkbox"/> Central air conditioning
Which of the following health conditions do your household members have?	<input type="checkbox"/> Asthma	<input type="checkbox"/> Year-round allergies	<input type="checkbox"/> Other respiratory condition(s)
Has your home been tested for radon?	<input type="checkbox"/> No	<input type="checkbox"/> Yes. Tell us when:	
Does your home have mold or mildew?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Do you run a daycare from your home?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Do any children under 5 live in or visit your home?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Has there been lead testing of those children?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not sure
Does any child living here have an elevated blood lead level?	<input type="checkbox"/> No	<input type="checkbox"/> Yes. Tell us more:	
Does your home have cracked, chipped, or peeling paint?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Does your home have lead-based paint?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not sure
Does your home have any outstanding code violations?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, for life safety	<input type="checkbox"/> Yes, for lead-based paint

Please sign telling us you agree to these terms.

I swear or affirm I am an adult, and that all information on this application, and all information I submitted or will submit in support of this application, is true, correct, and complete to the best of my knowledge, ability, and belief. I understand I can be penalized by fine and/or imprisonment for making false statements. My signature on this application grants DOEE permission to contact any government entity, business, or person DOEE deems necessary to verify the information I have provided.

I authorize the utility companies to release my account number and account information. This includes debt information.

I authorize DOEE to provide information collected for this application to United States Department of Energy, United States Department of Health and Human Services, United States Department of Housing and Urban Development, utility companies, other District of Columbia agencies, and organizations for purposes of verification, financing, services, research, evaluation, and analysis.

I agree to the following statements:

- I understand that if I don't own this home, then the equipment, materials, and supplies installed through this service will be owned by the homeowner.
- **I allow DOEE and its representative(s) to inspect the home during and after installation to ensure the work is done properly.**
- I allow DOEE and its representative(s) to access and/or receive copies of my electric, water, gas, and oil bills for any portion of the 24 months before installation and 24 months after installation.
- DOEE has my permission to provide the information it receives or collects for the services, equipment, materials, and supplies to its contractors, grantees, subgrantees, utility companies, and federal and DC Government agencies for the purposes of program implementation, analysis, or meeting federal requirements.
- I understand this application is only for the services, equipment, materials, and supplies I requested.
- I understand this application does not guarantee I will receive anything.

Your signature: _____

Date: _____

If you are not the homeowner, please tell us about them.

Homeowner full name:

Mailing Address:

Unit:

City:

State:

ZIP:

Email:

Phone:

Attach supporting documents.

If you are requesting Efficiency and Safety services, please attach copies of your:

- Most recent bank statements
- Most recent mortgage statement (if applicable)
- Proof of homeowner's or renter's insurance
- Most recent utility bills (including gas, water, and/or electric)

If you're in need of Emergency Mechanical Replacement, you do not need to attach documents, but your appliance must be completely inoperable.

What happens next?

Emergency Mechanical Replacement

1. You'll get a call within one business day of when we receive your application.
2. A nonprofit will check out your home's broken system at a scheduled time.
3. The nonprofit will arrange the work to be done within 3 business days and pay the contractor directly.

Efficiency and Safety

1. You'll get a call within one business day of when we receive your application.
2. DC Government will check out your home at a scheduled time to develop a list of projects to make your home safer and more energy efficient.
3. A nonprofit will arrange the work to be done within 21 business days and pay the contractor directly.