

Request free energy-efficient repairs and new appliances

The DC Department of Energy and Environment (DOEE) can fix an emergency break and help reduce your home's heating, cooling, and electricity 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), 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.
- ☐ **Weatherization** – My home could use repairs like 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.

Need Emergency Mechanical Replacement?
We recommend also asking for Weatherization!

Full name:

Do you rent or own your home? ☐ Own ☐ Rent. *Your landlord will need to give their permission.*

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 home.

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 <input type="checkbox"/> Other
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 lead-based paint?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, results were negative <input type="checkbox"/> Yes, results were positive <input type="checkbox"/> I don't know
Is there any discomfort in your home due to the air quality?	<input type="checkbox"/> No	<input type="checkbox"/> Yes. Tell us more:
Has your home been tested for radon?	<input type="checkbox"/> No	<input type="checkbox"/> I don't know <input type="checkbox"/> Yes. Tell us when:
Is the basement or crawl space below your home frequently damp or wet?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> I don't have a basement/crawl space
Do you experience high humidity in your home at any time of year?	<input type="checkbox"/> No	<input type="checkbox"/> Yes. Where and what time of year:
Does your home have mold or mildew?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does your kitchen have an exhaust fan?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does your bathroom have an exhaust fan?	<input type="checkbox"/> No	<input type="checkbox"/> Some <input type="checkbox"/> Yes, all bathroom(s)

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, 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:

Submit this completed form with a supporting document.

If you're in need of Emergency Mechanical Replacement, please attach a copy of a **red tag** from Washington Gas (if you received one) or **an estimate from a repair company** on letterhead. You do not need to attach documents if you are requesting Weatherization services.

In Person

Call 311 to make an appointment at an Energy Center at 1207 Taylor Street NW or 2100 Martin Luther King, Jr. Avenue SE. Bring this form and a photocopy of your supporting document to your appointment.

Email

Email this form with your supporting documents to LaWanda Jones at lawanda.jones@dc.gov.

Mail

Complete this form and mail it along with a photocopy of your supporting document to:

Department of Energy and Environment
1200 First Street NE, 5th Floor
Washington, DC 20002

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. All payment is handled by DC Government.

Weatherization

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 more energy efficient.
3. A nonprofit will arrange the work to be done within 21 business days and pay the contractor directly.