

**SERVICING ASHTABULA, LAKE, AND GEAUGA COUNTIES!!**



**Housing Services Division**

P: (440) 997-5957

[www.accaa.org](http://www.accaa.org)

F: (440) 998-1925

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**REFRIGERATOR REPLACEMENT PROGRAM**

You are applying for the refrigerator efficiency program through Ashtabula County Community Action Agency. This program allows our agency to meter your refrigerator and install energy efficient light bulbs. Along with receiving this application filled out, we will need the last 90 days of income from everyone over the age of 18 in the household, and a copy of the most recent electric bill that must be in the name of someone over 18 and who is listed on the application. You must be a First Energy customer and fall within the income guidelines for your household. The income guidelines are listed on the last page of the application. Also, if you live in a rental, the landlord will need to complete 2 pages from the application.

Keep in mind, this is an efficiency program. If your refrigerator is efficient, we CANNOT replace it. You will need to have a refrigerator to get a new one and if you have a small refrigerator and it meter fine, we CANNOT replace it.

Please complete the application and return to:

ACCAA  
ATTN: Housing Dept.,  
6920 Austinburg Rd., P.O. Box 2610  
Ashtabula, OH 44005-2610.



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### **Community Connections – Refrigerator Replacement Program**

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Apt./Lot #: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Phone #: \_\_\_\_\_

Including yourself, list names, ages, social security number, and birth dates for everyone living in your home. Please list the **GROSS INCOME** and attach **proof of income** for everyone over the age of 18 in the household (living in the home). Use a separate sheet of paper if necessary.

NAME	BIRTH DATE	AGE	SOCIAL SECURITY #	INCOME
	/ /		- -	\$
	/ /		- -	\$
	/ /		- -	\$
	/ /		- -	\$
	/ /		- -	\$
	/ /		- -	\$
	/ /		- -	\$
	/ /		- -	\$

Number of people in the home (household): \_\_\_\_\_

Total Yearly Gross Income for the home: \$ \_\_\_\_\_

6920 Austintown Road, PO Box 2610, Ashtabula, OHIO 44005-2610

This Agency is an equal provider of services and an equal employment opportunity employer. Civil rights Act 1964 (CRA)



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### **DEMOGRAPHICS:**

**Please check all that apply.** This information is used for helping to make sure that we meet the guidelines that we must follow in order to receive funding to continue the program. It is not used in determining your eligibility for services.

#### **Gender:**

☐ Female

☐ Male

#### **Marital Status:**

☐ Married

☐ Single

☐ Divorced/Separated

☐ Widowed

#### **Race:**

☐ American Indian

☐ African American

☐ Asian

☐ Caucasian/White

☐ Other

#### **Education Level Completed:**

☐ 0-8<sup>th</sup> grade

☐ 9<sup>th</sup>-10<sup>th</sup> grade

☐ High School Graduate/GED

☐ Some College

☐ 2-4 year College Graduate

**How many are Disabled in the home?** \_\_\_\_\_

**How many Veterans are in the home?** \_\_\_\_\_

I verify that all statements made on this application by me are true and correct. I realize that I may be held civilly and criminally liable under federal and state law for any knowingly false or fraudulent statement. The appliance repaired/purchased will not be sold or traded but will be used personally by this household. I understand that this information will be used for statistical information.

**Client Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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# Ohio Partners for Affordable Energy

## Community Connections Program Customer/Property Owner Acceptance

Dear Customer and/or Property Owner:

FirstEnergy's electric distribution utilities offer the Community Connections Program to their customers who are qualifying homeowners and tenants ("Customers") to help make their homes safer, to improve the energy efficiency of their homes, and to provide an opportunity to reduce their energy costs.

The Community Connections Program is designed so that it can be coordinated with other programs to provide comprehensive weatherization, energy efficiency and electrical safety services to our qualifying low-income Customers.

Under this Program, we will perform the following:

1. Examine the electric wiring, lighting, heating system, water heater, refrigerator, freezer, stove and other electric energy appliances in the homes to verify whether they are operating safely and efficiently and if not, may provide services to address their operation.
2. Check the attic, sidewalls, floors, windows and doors to determine if there is a need for additional insulation to the home and if there is, may provide services to address that need.

To effectively weatherize your electrically heated/cooled home, it may be necessary to insulate the wall cavities with cellulose. This involves drilling holes in the walls and putting insulation in the space behind. There are five methods we may use to get behind the wall:

1. The exterior siding will be drilled and plugged.
2. The exterior siding may be lifted and the sub-siding will be drilled.
3. The interior walls will be drilled and patched.
4. The interior baseboards and crown molding may be removed and the wall sheathing drilled.
5. The seal plate and top plate of the wall cavity may be drilled.

If your home has asbestos siding or other factors which prevent us from drilling through the exterior, your inspector and insulation contractor will determine the best approach to use inside the home.

If you have a mobile home, it is still necessary for you to sign this form. Insulation may be placed in the belly, walls, and roof of the mobile home.

**HOMEOWNERS AND TENANTS**, if you qualify and would like the services under this program performed, **PLEASE READ, SIGN, AND RETURN PAGE 2 OF THIS FORM** in the enclosed self-addressed envelope, if applicable. **Customer Tenants must additionally provide a copy of their most recent electric bill.**

**LANDLORDS -- PLEASE READ, SIGN, AND RETURN PAGES 3 AND 4** in the enclosed self-addressed envelope, if applicable.



## Ohio Partners for Affordable Energy

### CUSTOMER RELEASE OF ALL CLAIMS AND AUTHORIZATION TO USE DATA

In consideration of the receipt and installation of weatherization materials or appliances through the Community Connections Program, I, the Customer homeowner/Customer tenant at the address below do hereby release, acquit, and forever discharge, FirstEnergy Corp., its affiliates and subsidiaries, Ohio Partners for Affordable Energy, and (agency) and each of their respective officers, agents, employees, successors and assigns (collectively "Providers"), of and from any and all actions, causes of action, including by way of illustration but not by limitation, claims, demands, damages, costs, loss of services, expenses and compensation, which I now have or may hereafter have, or that my heirs, executors or administrators can or may have against the Providers, on account of, or in any way arising out of the work performed through the Community Connections Program.

I acknowledge that the electric efficiency and related measures are being installed on an "**AS IS**" basis, and that Providers **DISCLAIM ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OF MERCHANTABILITY WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION.** I also acknowledge that any energy cost savings projected by Providers as a result of work being performed through the Community Connections Program is only an estimate and not a guarantee.

I authorize **Ashtabula County Community Action Agency** to release to its designees related to the Community Connections Program, including without limitation, the local electric utility, representatives from the Public Utilities Commission, and Ohio Partners for Affordable Energy, information about my energy accounts, my energy consumption patterns and photographs and descriptions of weatherization materials or appliances installed on the property at the address below and to allow reasonable access to my home to inspect the work performed.

**Customer Homeowner/**

**Customer Tenant Name:** \_\_\_\_\_  
(Signature)

**Print Name:** \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Customer Account Number)

Date: \_\_\_\_\_



## Ohio Partners for Affordable Energy

### PROPERTY OWNER RELEASE OF ALL CLAIMS AND AUTHORIZATION TO USE DATA

In consideration of the receipt and installation of weatherization materials or appliances through the Community Connections Program, I, the Property Owner at the address below do hereby release, acquit, and forever discharge, FirstEnergy Corp., its affiliates and subsidiaries, Ohio Partners for Affordable Energy, and **Ashtabula County Community Action Agency** and each of their respective officers, agents, employees, successors and assigns (collectively "Providers"), of and from any and all actions, causes of action, including by way of illustration but not by limitation, claims, demands, damages, costs, loss of services, expenses and compensation, which I now have or may hereafter have, or that my heirs, executors or administrators can or may have against the Providers, on account of, or in any way arising out of the work performed through the Community Connections Program.

I acknowledge that the electric efficiency and related measures are being installed on an "**AS IS**" basis, and that Providers **DISCLAIM ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OF MERCHANTABILITY WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION.** I also acknowledge that any energy cost savings projected by Providers as a result of work being performed through the Community Connections Program are an estimate and not a guarantee.

I authorize **Ashtabula County Community Action Agency** to release to its designees related to the Community Connections Program, including without limitation, the local electric utility, representatives from the Public Utilities Commission, and Ohio Partners for Affordable Energy, information about my energy accounts, my energy consumption patterns and photographs and descriptions of weatherization materials or appliances installed on the property at the address below and to allow reasonable access to my home to inspect the work performed.

Property Owner Name: \_\_\_\_\_  
(Signature)

Print Name: \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

Date: \_\_\_\_\_



## Ohio Partners for Affordable Energy

### Community Connections Program -- Property Owner Agreement

I authorize FirstEnergy Corp., its affiliates and subsidiaries, Ohio Partners for Affordable Energy, and **Ashtabula County Community Action Agency** to release to contractors information about my account at the address stated below and about the energy conservation and weatherization measures which have been incorporated at the address below.

As the Property Owner of the rental property listed below, I certify:

\_\_\_\_\_ The tenant owns the appliance(s) -- Refrigerator, Freezer, Stove, Dryer – *(please circle)* identified for replacement and/or removal.

\_\_\_\_\_ I own the appliance(s) -- *Refrigerator, Freezer, Stove, Dryer* – *(please circle)* -- and agree to have it/ them removed and replaced, and/or removed only as specified. I further agree to keep any replacement appliances in the rental property listed below for as long as the tenant remains there, or three years, whichever is longer. I also agree that if I sell the rental property, I will leave the appliances in the dwelling.

\_\_\_\_\_ I own the identified appliance(s) -- *Refrigerator, Freezer, Stove, Dryer* – *(please circle)* -- and agree to transfer the ownership of said appliance(s) to the current tenant at the below noted rental property address for the immediate purpose of replacement / removal and disposal / destruction. I recognize that any appliance provided as a replacement is being provided to the tenant and is their property.

In the event the property exceeds fifty (50) units and is master metered, I agree to pay fifty (50) percent of the cost of energy efficiency measures to **Ashtabula County Community Action Agency**.

\_\_\_\_\_  
Property Owner (Print or type)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)  
Business or Personal Residence

( ) \_\_\_\_\_  
(Telephone Number) (E-Mail)

\_\_\_\_\_  
Property Owner's Signature (Date)

\_\_\_\_\_  
Name of Tenant (Print or type)

\_\_\_\_\_  
Rental Property: (Street Address) (City) (State) (Zip)



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### **FOR OFFICE USE ONLY**

**Income Verified by** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Income Re-verified by** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_



# Self-Declaration of Income Worksheet

**If you have no other way to document your income, please complete all sections below. An incomplete worksheet may delay the processing of your application.**

## ***Monetary Support section:***

If you are receiving help paying your bills and/or expenses from a non-household member(s), include a signed and dated statement from the person(s) that has their **name(s), address, and phone number(s)**. The statement must show **how much money is provided, how often**, and if the money is given to you or paid directly to your creditors.

Does your household receive any of the following?	Yes or No	Amount
Supplemental Nutrition Assistance Program (SNAP)		\$
Temporary Assistance for Needy Families (TANF)		\$
Rental Assistance (i.e., Section 8, HUD, Metropolitan Housing)		\$
Utility Allowance (HUD) – Please note if this is paid directly to the utility companies		\$

**Explain how the following expenses are paid (Select N/A for any that do not apply) and/or provide past due bills documenting non-payment.**

Bill	Monthly Amount	Gift/Loan (if Other, please explain)		
Rent/Mortgage	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Food	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Gas	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Electric	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Phone/Cell	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Car Payment/Insurance	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Cable/Internet	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Personal Expenses	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Bulk Fuels (i.e., propane, fuel oil/coal)	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Other Expenses	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:

## ***Income Comments Section:***


**By signing below, I declare under penalty of perjury the information submitted on this worksheet is true and correct.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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### 2024 POVERTY INCOME GUIDELINES EFFECTIVE JANUARY 15, 2025

#### INCOME LEVELS

Size of Family Unit	<u>Threshold</u>	<u>200%</u>
1.....	\$15,650	\$31,300
2.....	\$21,150	\$42,300
3.....	\$26,650	\$53,300
4.....	\$32,150	\$64,300
5.....	\$37,650	\$75,300
6.....	\$43,150	\$86,300
7.....	\$48,650	\$97,300
8.....	\$54,150	\$108,300

For families with more than 8 people, 100% of poverty level increases \$5,500 for each additional person. Therefore, for weatherization at 200% of poverty level, add \$11,000 for each additional person.