

## Appalachian Power – VA Low-Income Single Family Program Application

Thank you for your interest in the Appalachian Power Virginia Low-Income Single Family Program!

The Low-Income Single Family Program reduces energy consumption by educating residential customers about the energy and money saving benefits associated with energy efficiency in the home. The program targets opportunities that are proven to save energy, reduce consumption, and protect the health and safety of occupants while helping to lower their electric bills.

Eligible upgrades may include:

- Energy efficient lighting
- Electric water heating measures
- HVAC repair, replacement, and maintenance
- Insulation and air sealing
- Health and safety upgrades

The program targets single family dwellings within Appalachian Power’s Virginia territory. Eligible participants and dwellings may include:

- Any participant who resides in a single family home that is served by Appalachian Power.
- The household total annual income is at or below 60 percent of the state median income level.

Appalachian Power values your privacy. Learn more at [aep.com/privacy](https://aep.com/privacy).

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To determine initial eligibility for the home, does your home meet the following guidelines?

1. Is Appalachian Power Company the electric provider of the home?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. Is the electric bill in your name?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
3. Is the household total annual income at or below 60% of the state median income?  
(see below table)  
Yes \_\_\_\_\_ No \_\_\_\_\_

Size of Family Unit	Income Limits
1	\$37,792.00
2	\$49,421.00
3	\$61,049.00
4	\$72,678.00
5	\$84,306.00
6	\$95,934.00
7	\$98,115.00

If you answered yes to all three questions above, proceed with the application process.

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Appalachian Power Company (“APCo”), provides the APCo Low-Income Single Family Program to their customers who are qualifying homeowners (“Customers”) to help make their homes safer, improve the energy efficiency of their homes, and reduce their energy cost.

Total # Household (HH) members: \_\_\_\_\_ Total HH Annual Gross Income: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Street

Town/City

Zip

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

Street

Town/City

Zip

Preferred method of contact: \_\_\_\_\_ / Source of Referral: \_\_\_\_\_

Property Owner Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Required Documentation

Along with this application, you must provide the following documentation:

**You must complete the Customer and Property Owner Release forms on Pages 5 & 6.** If you are a renter, the property owner MUST sign on page 6.

**You must provide a copy of a recent Appalachian Power electric bill.** Please provide ALL pages of the bill.

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**Building Type:** Manufactured  Site Built  Townhome  Duplex/Triplex

**Ownership Status:** Rent  Own

**How many bedrooms:** \_\_\_\_\_ **What is the square footage of the home:** \_\_\_\_\_

**What year was the house built:** \_\_\_\_\_

**What is the primary type of heating equipment for the property? Age of system** \_\_\_\_\_

Baseboard  Furnace  Heat Pump  Boiler  Vented Space Heater  
 Unvented Space Heater  Other (Explain) \_\_\_\_\_

Do you have additional types of heating equipment? Yes  No  If yes, what type  
\_\_\_\_\_

**What is your primary type of cooling equipment? Age of system** \_\_\_\_\_

Window Units  If so, how many \_\_\_\_\_ Heat pump  Central A/C

**What type of fuel do you use for:**

Primary Heating: Electric  Natural Gas  Oil  Propane

Other \_\_\_\_\_

Additional Heating: Electric  Natural Gas  Oil  Propane

Other \_\_\_\_\_

Hot Water Heater: Electric  Natural Gas

**Are you aware of any problematic areas in your home, such as excessive mold, floor damage, plumbing leaks, roof leaks, etc? (Please Explain)**

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## Appalachian Power – VA Low-Income Single Family Program Application

### Customer Release of All Claims and Authorization to Use Data

In consideration of the receipt and installation of weatherization materials and appliances, I, the Customer homeowner/Customer tenant at the address below do hereby release, acquit and forever discharge Appalachian Power Company, their affiliated companies, officers, agents, employees, successors and assigns of each of them, 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 Appalachian Power Company, their affiliated companies and each of their officers, agents, employees, successors and assigns, on account of, or in any way arising out of the weatherization materials or appliances provided as well as the installation and use thereof.

I authorize Community Housing Partners – Energy Solutions to release to its designees' information about my account and about weatherization materials or appliances installed on the property at the customer address (page 3).

Customer Name: \_\_\_\_\_ Customer Phone: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Account Number: \_\_\_\_\_

Customer Mailing Address:

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Street

Town/City/State

Zip

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## Appalachian Power – VA Low-Income Single Family Program Application

### Property Owner Release of All Claims and Authorization to Use Data

In consideration of the receipt and installation of weatherization materials and appliances, I, the Property Owner at the address below do hereby release, acquit and forever discharge Appalachian Power Company, their affiliated companies, officers, agents, employees, successors and assigns of each of them, 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 Appalachian Power Company, their affiliated companies and each of their officers, agents, employees, successors and assigns, on account of, or in any way arising out of the weatherization materials or appliances provided as well as the installation and use thereof.

Owner Name: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Mailing Address:

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Street

Town/City/State

Zip

Please send this application along with all required documentation (page 3) to Community Housing Partners (CHP) Energy Solutions.

400 Industrial Drive, Christiansburg, VA 24073 (ATTN: Client Advocacy Team)

Or, you can email us the application at [chpenergysolutions@chpc2.org](mailto:chpenergysolutions@chpc2.org)

For questions call (888) 229-3714

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