



New Castle County | Central Delaware | Sussex County

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.
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. Apply online: Visit your local Habitat affiliate's website to find links to apply online.
New Castle County www.habitatncc.org
Kent County www.centraldelawarehabitat.org
Sussex County www.sussexcountyhabitat.org
2. Apply by mail:
 - a. Complete the refrigerator replacement form located on the back of this form.
 - b. Mail your application to the respective location in your county:

**Habitat for Humanity ReStore
of New Castle County**
Attn: Refrigerator Replacement Program
3312 Seminole Ave
Wilmington DE 18080
rrp@habitatncc.org

**Habitat for Humanity ReStore
Central Delaware**
Attn: Refrigerator Replacement Program
2311 S. DuPont Highway
Dover DE 19901
rrp@centraldelawarehabitat.org

**Habitat for Humanity ReStore
Sussex County**
Attn: Refrigerator Replacement Program
P.O. Box 759
Georgetown, DE 19947
rrp@sussexcountyhabitat.org

What to Expect

1. Habitat for Humanity will contact you directly and explain the process.
2. Select refrigerator model from our 4 options.
Available sizes:

| | | | |
|---|---|---|---|
| 1. 16.6 cubic feet White General Electric GTE17DTNWW Top Freezer Exterior Dimensions: 65"h x 28"w x 33"d | 2. 17.7 cubic feet Black General Electric GTE18LGHBB Top Freezer Exterior Dimensions: 68"h x 28"w x 33"d | 3. 18 cubic feet White Frigidaire FFTR1814TW Top Freezer Exterior Dimensions: 66"h x 30"w x 33"d | 4. 18 cubic feet Black Frigidaire FFTR1814TB Top Freezer Exterior Dimensions: 66"h x 30"w x 33"d |
|---|---|---|---|
3. Habitat for Humanity will deliver your new Energy Star refrigerator and remove your old refrigerator.

Your new refrigerator will be a full-sized, white or black, 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) 652-5181 | rrp@habitatncc.org
Central Delaware Habitat for Humanity | (302) 346-0220 | rrp@centraldelawarehabitat.org
Sussex County Habitat for Humanity | (302) 855-1153 | rrp@sussexcountyhabitat.org



Funded by the Exelon Merger for Delmarva Power Customers

Refrigerator Replacement Application



Personal Information

Name: _____ County where you live New Castle Kent Sussex
 Address: _____ Unit/Lot #: _____ City: _____ Zip Code: _____
 E-mail 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)

Language preferred: _____

Delmarva Power & Refrigerator Information

Name on Delmarva Power Account: _____
 Delmarva Power Account Number: _____ - _____ - _____ (must be 11 digits)
 Old Refrigerator Brand: _____ Old Refrigerator Manufactured Date: _____
 Old Refrigerator Model #: _____ Old Refrigerator Serial #: _____

Other Information

What size refrigerator will fit in your kitchen? 16.6 cubic ft (65"h x 28"w x 33"d) white 17.7 cubic ft (68"h x 28"w x 33"d) black
 18 cubic ft (66"h x 30"w x 33"d) white 18 cubic ft (66"h x 30"w x 33"d) black

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 |
| | Maximum Annual Income | 40,620.00 | 46,380.00 | 52,200.00 | 57,960.00 | 62,640.00 | 67,250.00 | 71,880.00 | 76,560.00 |
| Kent County | Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | Maximum Annual Income | 28,740.00 | 32,880.00 | 36,960.00 | 41,040.00 | 44,340.00 | 47,640.00 | 50,940.00 | 54,180.00 |
| Sussex County | Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | Maximum Annual Income | 31,920.00 | 36,480.00 | 41,040.00 | 45,540.00 | 49,200.00 | 52,860.00 | 56,520.00 | 60,120.00 |

I can provide one of the following: Proof of income (pay stub or W2)
 Proof of benefit (Social Security, SSI, TANF, GA, WIC, and/or food stamps award letter)

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: _____

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