



## Chop-A-Watt Home Energy Saver Program Weatherization and Repair Grant Application

Please return this completed application and the following documents to:  
Chop-A-Watt % EHS 4023 Kennett Pike #50363 Wilmington, DE 19807  
[Chopawatt@EleventhHouseSolutions.com](mailto:Chopawatt@EleventhHouseSolutions.com)

Thank you for your interest in the Chop-A-Watt Weatherization and Repair Program. We've been providing weatherization services to our members since 2016 and look forward to serving you. This letter serves as an introduction and will provide you with general information and an overview of the process.

- Step 1 - review the enclosed information and apply to the program via the steps listed on the application
- Step 2 - the program will review your application and determine your eligibility. If you do not qualify, you will be informed in writing, if you do qualify, you will move forward to the next step.
- Step 3 - a vetted weatherization contractor will contact you to schedule your energy assessment
- Step 4 - once the assessment is complete, the contractor will either submit their proposal to the program for approval or you will receive a letter informing you of your deferral from the program and the specific reasons why e.g. "no energy savings available" or "additional repairs needed before weatherization can occur"
- Step 5 - weatherization measures will be installed at no cost to you

Please note:

- Applications are processed on a first come, first served basis, and are serviced in the order in which they are received **once all required documentation has been provided.**
- The Program has limited funding, and there is a possibility that even if you have been approved for the program, you may not receive assistance. If that is the case: we will keep your information on file and automatically submit you for the next round of funding (if available).

Thank you again for your interest in the Chop-A-Watt program and please share this opportunity with your network of friends and family.

Regards,

The Chop-A-Watt grant team

Questions? Please call (877) 892-0001 x 8677 and leave a detailed message  
or email [Chopawatt@EleventhHouseSolutions.com](mailto:Chopawatt@EleventhHouseSolutions.com).

Updated 9/9/25

Please include:

- ☐ **Summary page(s)** of your current homeowner's insurance policy showing address and expiration date
- ☐ Proof of income via **most current SIGNED & DATED federal tax return (1040 is sufficient) (at a minimum: must show name, dependents, and adjusted gross income) for all household members over 18.** This is a requirement and failure to send the signed page will delay processing of your application.
- ☐ OR provide **proof of no/reduced income** via proof of: EBT or similar benefits
- ☐ Copy of title if you reside in a mobile home

**Applicant Information - Applicant Must be the Primary Person Listed on the Choptank Electric Account.**

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Address/Mailing Address (if different) \_\_\_\_\_

City and Zip \_\_\_\_\_ County \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home phone \_\_\_\_\_ Cell number \_\_\_\_\_

Choptank Electric Account Number (if known) \_\_\_\_\_

**Ethnic Group of Primary Applicant**

\_\_\_\_ Hispanic, Latino, or Spanish Origin

\_\_\_\_ Non Hispanic, Latino or Spanish Origin

**Race of Primary Applicant**

\_\_\_\_ American Indian or Alaska Native

\_\_\_\_ Asian \_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_ Black or African American \_\_\_\_ White

**Gender Identity of Primary Applicant** (M/F/Other) \_\_\_\_\_

The information solicited on this application is requested by the grantee in order to assure the Federal Government, that Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are being complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the grantee is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

**Please list all additional members of household (if over 18 please provide proof of income/no income):**

Name	Relationship to Applicant	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**Requested Work to be Performed** (Please attach additional pages if necessary)

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Please provide the following information:

Is your home a mobile home? yes \_\_\_\_\_ no \_\_\_\_\_ **If your home is a mobile home, please include a copy of your title**

Do you own the home or have a mortgage \_\_\_\_\_ or are you a renter? \_\_\_\_\_

Do you reside in the home as your primary residence? yes \_\_\_\_\_ no \_\_\_\_\_

Have you lived in the home for more than one year? yes \_\_\_\_\_ no \_\_\_\_\_

Do you have current Homeowner's Insurance? yes \_\_\_\_\_ no \_\_\_\_\_ **Please include a copy of your current homeowner's insurance policy (summary page is sufficient)**

Is the home in foreclosure, encumbered by a "reverse mortgage", or listed for sale? yes \_\_\_\_\_ no \_\_\_\_\_

Is any part of your home's "envelope" open/exposed? E.g. missing drywall, hole(s) in walls/floor, etc yes \_\_\_\_\_ no \_\_\_\_\_

If yes, short description: \_\_\_\_\_

Have you been served/your home received an energy audit by any other program so far? yes \_\_\_\_\_ no \_\_\_\_\_

Please specify the program, year, and what was done \_\_\_\_\_

By signing below, you acknowledge that you have read, understand, and agree to the following:

- I understand that by completing this application, I authorize the Chop-A-Watt Home Energy Saver Program to evaluate my need for home weatherization and/or repair. I understand that the evaluation may include in-person visits to my home.
- I understand that the Chop-A-Watt Home Energy Saver Program may cross reference my application to other Health, Housing, and Energy (HeHE) programs to find additional resources to use on/in my home.
- I have answered all application questions truthfully.
- I understand that if I do not answer truthfully and still participate in this program; I am responsible for taking money/services from others who *actually* need and deserve this type of help.
- I understand that even if my application is approved, I may not be served by the program due to: lack of funding or any other unforeseen circumstance.
- I understand that the Chop-A-Watt Home Energy Saver Program reserves the right to refuse service to anyone.
- I understand the program may access past and future utility data and other information to gauge program effectiveness
- I agree that the program may use such photographs of my home for purposes of: monitoring, illustrating "before and after", publicity, illustration, advertising, and/or Web content.

I have signed this application, provided this information voluntarily, and understand that non-sensitive information may be used for the tracking and improvement of the Chop-A-Watt Home Energy Saver Program, and program funders.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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Did you include:

- ☐ Summary page(s) of your current homeowner's insurance policy showing address and expiration date
- ☐ Proof of income via **most current SIGNED & DATED federal tax return (at a minimum: must show name, dependents, and adjusted gross income) for all household members over 18.** This is a requirement and failure to send the signed page will delay processing of your application.
- ☐ OR, provide proof of no/reduced income via proof of: social security, food stamps, or similar benefits
- ☐ copy of title if you reside in a mobile home

**We cannot process your application until we have received ALL of these documents  
PLEASE DO NOT SEND US ORIGINALS OR DOCUMENTS YOU NEED TO GET BACK!**

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