



EnergyShare®

Rappahannock Area Agency on Aging (RAAA)
d/b/a Healthy Generations Area Agency on Aging

www.raaa16.org

460 Lendall Lane

Fredericksburg, VA 22405

Phone Number: 540-371-3375 | Fax: 540-371-3384

Dominion Power Weatherization Program Client Application for Services/Eligibility Certification

Note to All Applicants for Services: Healthy Generations requires supporting documentation to accompany your weatherization application for services. Applicant must provide copies of documents that validate their current income, disability status, home ownership/renter status and copies of current energy bills for all fuel sources used in your home. If an individual household is over 18 years of age and is unemployed, Healthy Generations requires a notarized statement from this individual stating they have not worked in one calendar year. **Applications without supporting documentation cannot be processed and could result in denial of weatherization services. (Please Include Copy of Your Electric Bill with this Application)** Please complete the sections below and return with your supporting documentation:

Name:		Date of Birth:	Phone#:
Address of Residence(or Multifamily Unit):		Mailing Address (If Different):	
Your City/County:		Landlord Name/Address & Phone Number:	
Type of Building Structure & Occupancy Information (Mark All That Apply): <input type="radio"/> Mobile Home (Owner) <input type="radio"/> Mobile Home (Renter) <input type="radio"/> Single Family Home (Owner) <input type="radio"/> Single Family Home (Renter) <input type="radio"/> Multifamily Unit (Rental) <input type="radio"/> Multifamily Unit (Building Owner/Management) Provide Year Structure Was Built _____ Has Your Home Been Previously Weatherized by RAAA? _____ Provide No. of Household Members _____ *Write Your Dominion Power Account# Here _____ No. of Mentally and/or Physically Disabled Members in Household _____ No. Household Members over 60 _____ What Types of Heating System is in your home and does it work? _____			
Name of Each Household Member	Date of Birth	Source of Income	Income Amount
Applicant Certification: By signing below, I authorize the release of any information in support of this application. I certify that the above information is true and accurate to best of my knowledge. False information may result in prosecution _____			
Healthy Generations nor Dominion Power discriminates on the grounds of race, ethnicity, gender, age or national origin under this program.			
Complaints may be submitted to the address at the top of this application.			