



 Habitat for Humanity®

# ReStore®

## Refrigerator Replacement Program

You may qualify for a  
**NEW Energy Star Refrigerator**  
for only **\$50!**

To-date we have upgraded over  
400 refrigerators across the state!

*Yours could be next!*

## How to Qualify

1. Must be a Delmarva Power residential electric customer (Homeowner or Renter).
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 on reverse.)

## How to Apply

1. Visit our website [www.habitatncc.org/refrigerator-replacement-program](http://www.habitatncc.org/refrigerator-replacement-program). Download and print application.
2. Mail or email your completed application and required documentation to:

**Habitat for Humanity of New Castle County**  
**Attn: Refrigerator Replacement Program**

**1920 Hutton St., Wilmington DE 19802**

**[rrp@habitatncc.org](mailto:rrp@habitatncc.org)**

## What to Expect

1. Habitat for Humanity will contact you directly and explain the process.
2. \$50 cash or money order will need to be paid prior to refrigerator replacement.
3. Habitat for Humanity will deliver your new Energy Star refrigerator and remove your old refrigerator.

Your new refrigerator will be a full-sized, 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, pathways should be cleared & 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) 652-0365 x102 / [rrp@habitatncc.org](mailto:rrp@habitatncc.org)**



**ReStore®**



# Refrigerator Replacement Application



## Personal Information

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

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)

## 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

Will a 66"h x 30"w x 33.5"d Frigidaire refrigerator fit in your kitchen? ☐ Yes ☐ No

Will a 66"h x 30"w x 33.5"d Frigidaire refrigerator fit through entrance/s to and in your home? ☐ Yes ☐ No

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	44,280	50,640	56,940	63,240	68,340	73,380	78,420	83,520

☐ I have included my most recent DelMarva Power Bill

☐ I have included a copy of my ID/photo driver's license

☐ I have included one of the following: ☐ Proof of income (1 month of paystubs)

☐ Proof of benefit (Social Security, SSI, TANF, GA, WIC, food stamps award letter, unemployment)

☐ By checking this box, I certify that information is valid within the past 12 months

## Referral Program

For each person you refer to the program and they receive a refrigerator, you will receive \$10 in ReStore bucks.

I was referred by \_\_\_\_\_

☐ 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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