

Senior Cool Care – by Dominion Energy - 2026

APPLICATION for Additional Cooling

Central Virginia Alliance for Community Living, Inc.

Applicant: _____ Date of Birth: _____ Age: _____

Street: _____ City: _____ Zip: _____ Phone: mobile: _____

Spouse: _____ Age: ____ Applicant Income: \$_____/mo Spouse Income: \$_____/mo

Applicant(s): Your income must be verified. Please provide statements reflecting all monthly income.

Reason Additional Cooling Needed: _____

Unit Type requested: FAN AIR CONDITONER Are you willing to accept either unit type? Y N

Electric Service Provider: (Circle one) AEP, Bedford Elec Co-op, Dominion, Southside, Other Co-op

What type of cooling system does the home currently have: None, Central A/C, Window Units, Fan Only

Existing cooling system working? YES NO Has applicant applied for DSS Cooling Crisis? YES NO

Is the applicant able to pick up window A/C or Portable A/C unit and complete the installation? YES NO

Has either applicant received a cooling unit from Senior Cool Care previously? YES (yr)_____ NO

Has the applicant's home received weatherization services within the past 15 years? YES (yr)_____ NO

With my signature, I am responsible for any costs incurred to install and/or operate this cooling unit unless otherwise indicated with a signed amendment from CVACL staff. I release and agree to hold harmless, Central Virginia Alliance for Community Living, Inc., Dominion Energy, Virginia Department of Rehabilitative Services, their employees, management, board members, contractors, subcontractors, and volunteers for any circumstances that result from my accepting this cooling unit and its functionality. I fully acknowledge that this cooling unit is being provided to me at no expense and does not have any warranty, written or implied, from those listed above as the providers. Any manufacturer warranty is responsibility of the recipient to register with the manufacturer. I agree not to sell, transfer, or assign this unit to any other person not listed on the application and agree not to attempt to return this to a place of business in exchange for cash or store credit. I certify that all statements made on the application are true and accurate. Funds are limited. Units distributed in order of qualification.

Signature of Applicant: _____ Date: _____

Application Received By (CVACL Staff): _____ Date: _____

CVACL USE: Household requirements meet HHS Fed Poverty Guidelines? YES NO