



City of Richmond, Wayne Township Trustee, and Beat the Heat

Window Air Conditioning Unit Distribution Program Application

“Beat the Heat” is a community initiative launched by Indiana University’s Environmental Resilience Institute and grant-funded by the Indiana Office of Community and Rural Affairs. The program’s central goal is to assist communities in building resilience to extreme heat. This is done by creating tangible, long-term, and sustainable projects that help residents’ well being as the number of hot days increases. Beat the Heat has led to creation and adoption of the City of Richmond’s Heat Management Plan.



Program Requirements

In order to be eligible for the program applicants must first meet the **Income Limit (See Below)** and **Live Within Richmond City Limits (Including the 2 Mile Fringe)**.

Prioritization for AC Units

Prioritization for AC Units will be given to individuals that fit one of the following categories:

1. Senior Citizen - age 65 and above
2. An individual with a disability
3. A household with a child under the age of 6 that has an increased medical need for air conditioning
4. The household is located within an identified priority area for [Richmond's Heat Vulnerability Index](#)

Submission Instructions

Completed applications should be submitted to Susan Isaacs at the Wayne Township Trustee Office.

Applications can be:

1. Sent via **Email** to susan@waynetownshiptrustee.com
2. Sent via **Mail** or **Dropped Off In Person** to 401 E Main Street, Richmond IN 47374

Required Documents

1. A valid, government-issued identification card
2. Current proof of income for everyone in the household (over the age of 18) for the past 8 weeks (Must be Income Eligible)
 - ✓ If you're paid biweekly, submit 4 current pay stubs
 - ✓ If you're paid weekly, submit 8 current pay stubs
 - ✓ If disabled, submit proof of Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI)
3. If you have a child under the age of 6 that has an increased medical need for air conditioning, you have to present a Letter of Need from a physician

Note: Customers who received an Air Conditioner this year will not be eligible again for THREE (3) years.

Income Limits (FY 2023)

Members in Household	Annual Limit	Members in Household	Annual Limit
1	\$44,200	5	\$68,150
2	\$50,500	6	\$73,200
3	\$56,800	7	\$78,250
4	\$63,100	8	\$83,300

For family units with more than 8 members, add \$5,050 annually

CITY OF RICHMOND
Window Air Conditioning Unit Application

PLEASE REVIEW PROGRAM REQUIREMENTS AND REQUIRED DOCUMENTS BEFORE SUBMITTING THIS APPLICATION (SEE BACK PAGE)

APPLICANT INFORMATION

Name:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary
Date of Birth:	State ID type/number:	Phone:
Current Address:		
City:	State:	Zip Code:
Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education Level:
Marital Status (Check one): <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Race (Check one or more): <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino Other: _____
		Do you have a child under 6 with an increased medical need for AC? <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER MEMBERS OF HOUSEHOLD

Name:		Relationship to Applicant:
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education Level:	Race:
Monthly Income:		
Name:		Relationship to Applicant:
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education Level:	Race:
Monthly Income:		

* If you need additional space for other members of household, please ask for an additional member sheet*

FAMILY TYPE

<input type="checkbox"/> Single Parent Female	<input type="checkbox"/> Single Parent Male	<input type="checkbox"/> Single Parent Non-Binary	<input type="checkbox"/> Multi-Parent Household
<input type="checkbox"/> Single Person	<input type="checkbox"/> Two Adults No Children	Other: _____	

INCOME

Monthly Income: \$ _____	Source of Income (check all that apply): <input type="checkbox"/> No Income <input type="checkbox"/> SSI <input type="checkbox"/> Employment <input type="checkbox"/> SS <input type="checkbox"/> Child Support <input type="checkbox"/> SSDI <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Families First	Monthly Rent or Mortgage Amount: \$ _____	AC Compatibility Window Width: _____
How often are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Section 8	Window Opening Height: _____
		In which room will this AC unit be installed? _____	Distance from Middle of Window Base to Outlet: _____
		Suggested Locations: Bedroom, Living Room	Is the Outlet 3-Prong: <input type="checkbox"/> YES or <input type="checkbox"/> NO

SIGNATURE

_____ I certify to the best of my knowledge all of the information given by me is true and correct. I also authorize the verification of any and all information for the purpose of certification and for assistance. I understand that if I withhold any information or submit false information and receive services to which I am not entitled, I may be subject to criminal prosecution under the laws of the State of Indiana.

_____ I certify that I have not received an air conditioner from Wayne Township Trustee/City of Richmond within the last three years.

Signature of applicant:	Date:
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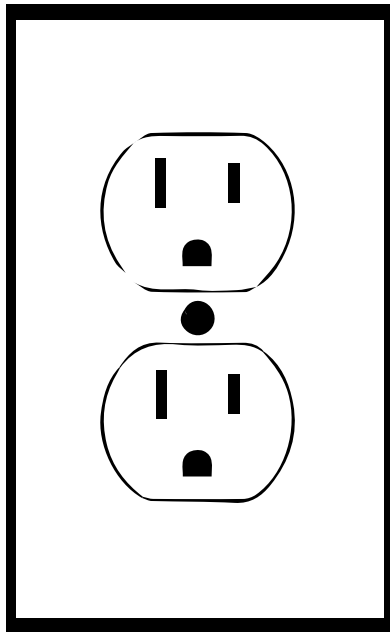
OFFICE USE ONLY: (Applicant do not complete)

Wayne Township Trustee Staff _____ Date _____

OTHER MEMBERS OF HOUSEHOLD

Name:	Gender: ___ Female ___ Male ___ Non-Binary	Relationship to Applicant:
Date of Birth:	ID Type and Number:	Disabled: ___ Yes ___ No
Health Insurance: ___ Yes ___ No	Education Level:	Race:
Monthly Income:		
Name:	Gender: ___ Female ___ Male ___ Non-Binary	Relationship to Applicant:
Date of Birth:	ID Type and Number:	Disabled: ___ Yes ___ No
Health Insurance: ___ Yes ___ No	Education Level:	Race:
Monthly Income:		
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Monthly Income:		
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Window AC Compatibility Information Sheet



Does your outlet have three prongs?

