



11th Annual Fall Furnace Fix-up Information



The **Fall Furnace Fix-Up** is a community service project in conjunction with Make A Difference Day that coordinates the efforts of volunteers from the Sioux Falls HVAC Association to check and clean furnaces for safe operation and make appropriate minor repairs for homeowners with low incomes. The program is designed for people who cannot do the work themselves or afford to hire someone.

- The 2009 **Fall Furnace Fix-Up** Project Day is Saturday, October 24th.
- The deadline for applications is **Thursday, October 8th**. Complete the application and income information and sign and date the consent agreement and liability release. Mail completed forms to *Sioux Falls HVAC Association, Attn: Fall Fix-Up 2009, 335 North Weber Avenue, Sioux Falls, SD 57103*.
- Extensive projects cannot be considered due to limited funds and volunteers.
- The Sioux Falls HVAC Association will provide volunteers from the HVAC membership who will service furnaces as needed at no cost to the homeowner up to \$100 per home. Repairs may include motor, relay, gas valve, filter replacement and duct repair up to the \$100 limit.
- The **Fall Furnace Fix-Up** Coordinating Committee will determine which applicants meet the eligibility requirements and which furnaces will be serviced.
- Selected homeowners will be notified by mail or phone.

Eligibility Requirements

- Your home must be within the Sioux Falls city limits
- **You must own and occupy the home.**
- If your furnace needs major repairs or is unsafe, we will refer you to an appropriate agency.
- Improvements will be done on standard or manufactured housing furnaces.
- Your household incomes (minus ongoing medical expenses) must be within the following guidelines:

Household Size	1 person	2 persons	3 persons	4 persons	5 persons
Annual Income Maximum to Qualify	\$17,328	\$23,304	\$29,292	\$35,280	\$41,256

For more information call:

John 351-7595
Jay 338-2652
Shade 332-1780

Sioux Falls HVAC Association **Fall Furnace Fix-Up** Application

(PLEASE PRINT)

Name(s) of Homeowner _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____

Total number of persons living in the home: _____ Own _____ Rent _____

List all the additional people living in the home:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of relative living in or near the area (to be used in case of emergency):

Name _____ Telephone _____

How did you hear about the Sioux Falls HVAC **Fall Furnace Fix-Up** program?

CONSENT AGREEMENT AND LIABILITY RELEASE

I understand and agree to have my furnace serviced (including a cleaning, safety inspection and minor repairs) by volunteers.

I understand that upon completion of the project, the Sioux Falls HVAC Association and its volunteers are no longer responsible.

I also agree to have photographs taken that may be used in future Sioux Falls HVAC Association publications. I also will not object to the presence of the media (local TV, radio and print journalists) during the completion of my project.

I (PLEASE PRINT NAME) _____, give my consent to have the service done to my furnace free of charge and realize that if major repairs or replacement is needed, I will be referred to an appropriate agency.

Please do not request from the volunteers that any additional work be done.

Applicant Signature _____ Date _____

Sioux Falls HVAC Association representative signature _____
Date _____

Income Information

Income means the combined amount of money received from the following sources by all people in the household.

NOTE: Your application cannot be processed until income verification has been obtained (i.e. income tax return or other official documents).

Please attach a copy of your most recently completed income tax return.

Social Security	_____
SSI.....	_____
Any public assistance.....	_____
Salaries	_____
Interest & Dividends	_____
Pensions & Annuities.....	_____
Estate or Trust Income	_____
Rental Income	_____
Farm/Business Income.....	_____
Monthly Total	_____
Year-to-date Income	_____
Ongoing Monthly Medical Expenses (optional).....	_____

Authorization Statement

I am not presently planning, nor do I intend within the next three years, to sell my home. I understand and agree to have volunteers perform service and inspection of my furnace.

I understand that this information will be used by the Sioux Falls HVAC Association to determine my/our eligibility for the **Fall Furnace Fix-Up** program.

I represent that this information is true and complete to the best of my knowledge and belief. I understand that any misrepresentation on the application will result in disqualification.

I agree to have my home photographed for **Fall Furnace Fix-up** program promotion purposes.

Applicant Signature

Date

Co-applicant Signature

Date

Mail completed application by Thursday, October 8th to:

Sioux Falls HVAC Association, Attn: Fall Fix-Up 2009, 335 North Weber Avenue, Sioux Falls, SD