Dear Valued DTE Customer:

You are receiving this packet because you may be eligible for DTE Energy’s Low Income Self-Sufficiency Program (LSP). Through this program, DTE Energy is helping qualified customers afford and better manage their monthly DTE bill. Participants receive a discount on their monthly bill and may qualify for help with past due balances. Visit dteenergy.com/lsp for more information.

The eligibility criteria are:

- Income equal to or less than 150 percent Federal Poverty Level (FPL) Guidelines
- Energy usage (electric & gas) over the last 12 months is comparable with average annual usage for a residential customer

<table>
<thead>
<tr>
<th>Number of Household members</th>
<th>Maximum Income (150% of poverty level)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$17,505</td>
</tr>
<tr>
<td>2</td>
<td>$23,595</td>
</tr>
<tr>
<td>3</td>
<td>$29,685</td>
</tr>
<tr>
<td>4</td>
<td>$35,775</td>
</tr>
<tr>
<td>5</td>
<td>$41,865</td>
</tr>
<tr>
<td>6</td>
<td>$47,955</td>
</tr>
<tr>
<td>7</td>
<td>$54,045</td>
</tr>
<tr>
<td>8</td>
<td>$60,135</td>
</tr>
</tbody>
</table>

Enrollment Process
Space in the LSP program is limited and participants will be enrolled on a first-come-first-served basis. Please submit your completed application and ALL required documentation to The Heat and Warmth Fund (THAW) at the address below or fax to 1-888-662-9422.

The Heat and Warmth Fund (THAW)
607 Shelby St. Ste 400
Detroit, MI 48226
Attn: LSP Program

Space is limited so act now. Please allow up to 30 days for processing. The applicant is responsible for maintaining active DTE service until an enrollment decision has been reached. If you have any questions or need additional assistance please call THAW at 1-877-410-0612.

Sincerely,

The THAW Team
LSP Application Check List

☐ Completed application (sign bottom of page 4)

☐ Copy of DTE Energy bill

☐ Driver’s license, state ID or passport

   If a driver’s license, state ID or passport is not available, a combination including TWO of the following documents is acceptable:

   ✓ Birth certificate
   ✓ Social Security card
   ✓ U.S. Military ID or draft record
   ✓ Permanent Resident Card or Alien Registration Receipt Card
   ✓ Native American tribal document
   ✓ Voter’s registration card
   ✓ Current school ID card with photograph

☐ Proof of income  Must be within 90 days of applying for LSP program

   Sources may include any of the following:
   ✓ Pay stubs
   ✓ Employment letters/statements
   ✓ Unemployment letters/statements
   ✓ Social Security and pension letters/statements
   ✓ Worker’s compensation letter/statement
   ✓ Child support verification
   ✓ Friend of the Court letters/statements or check stubs
   ✓ Divorce decree
   ✓ Check stubs/receipts
   ✓ Disability letters/statements
   ✓ Interest, annuity or dividend letters/statement
   ✓ Federal or state tax forms

Please understand that providing incomplete information within your submitted application packet will delay processing.
Primary Account Holder Information

DTE Energy Account Holder: First: ______________________ Middle Initial: ___ Last: _______________________________________

Social Security Number: __ __ __ - __ __ __ __

Date of Birth (mm/dd/yy): __ __/ __ __ / __ __ DTE Account Number: ______________________________________________

Service Address: _______________________________________________ City:__________________________________________

County: _________________________ State: _______________ Zip: ______________________

Mailing Address (if different than above) Street: __________________________________________________________________

City: __________________________________________________ County: ___________________ State: _______ Zip: ___________

Primary Phone: (__ __ __)   __ __  __  - __ __ __ __     Email Address: ____________________________________________________

Have you received utility assistance in the last three years?  ☐ Yes  ☐ No

If yes, please check reason for energy assistance: ☐ Limited income ☐ Job loss ☐ Medical hardship ☐ Other_________________

This application with all supporting documentation to be mailed back to THAW. Limited spots are available. Program will filled on a first come first served basis. For more information call THAW’s LSP line at 1-877-410-0612.

THAW
THE HEAT AND WARMTH FUND
Neighbors Helping Neighbors In Need

607 Shelby St. Suite 400  Detroit MI 48226
Total number of members, including the applicant, living in the households ___________. List all below.

<table>
<thead>
<tr>
<th>Relationship to Applicant</th>
<th>First &amp; Last Name</th>
<th>Social Security Number: __ __ __ - __ __   - __ __ __ __</th>
<th>Date of Birth (mm/dd/yy): __ __/ __ __ / __ __</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Disabled, Veteran, Pregnant</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
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<td>4</td>
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<td>6</td>
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<td>7</td>
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<td>8</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Household Wage or Business Income

**Are you or another household member employed?**

- [ ] Yes
- [ ] No

If yes, complete the income verification table below. You must also provide proof of income. A full 30 days of paycheck stubs is required. The paycheck stub cannot be dated more than 90 days from the date signed on the application.

<table>
<thead>
<tr>
<th>First &amp; Last Name</th>
<th>Employer</th>
<th>Pay Frequency</th>
<th>Gross Earnings (Before Taxes)</th>
<th>Proof Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other Household Income

**Does anyone in your household receive an unearned income?**

- [ ] Yes
- [ ] No

If yes, complete the table below. Include proof of income with your application.

<table>
<thead>
<tr>
<th>Income Source Code</th>
<th>Income Source Code</th>
<th>Pay Frequency</th>
<th>Amount Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Social Security</td>
<td>6 Supplemental Security Income (SSI)</td>
<td>Weekly</td>
<td>$</td>
</tr>
<tr>
<td>2 Pension/retirement benefits</td>
<td>7 Worker’s Compensation</td>
<td>Biweekly</td>
<td>$</td>
</tr>
<tr>
<td>3 Veteran’s Benefits</td>
<td>8 Child Support (received)</td>
<td>Monthly</td>
<td>$</td>
</tr>
<tr>
<td>4 Military Allotments</td>
<td>9 Tribal Payments</td>
<td>Annual</td>
<td>$</td>
</tr>
<tr>
<td>5 DHS FIP Cash Assistance</td>
<td>10 Adoption Subsidy</td>
<td>Weekly</td>
<td>$</td>
</tr>
<tr>
<td>11 Disability Benefits</td>
<td>12 Unemployment Compensation</td>
<td>Biweekly</td>
<td>$</td>
</tr>
<tr>
<td>13 Rental Income</td>
<td>14 Section 8 Energy Subsidy Payments</td>
<td>Monthly</td>
<td>$</td>
</tr>
<tr>
<td>15 Other</td>
<td></td>
<td>Annually</td>
<td>$</td>
</tr>
</tbody>
</table>

**Proof Attached**

- [ ] Yes
- [ ] No
**Eligible Expenses**

**Does your household pay the following expenses?**  □ Yes  □ No

If yes, check all that apply. Include proof of expenses with your application.

<table>
<thead>
<tr>
<th>First &amp; Last Name</th>
<th>Monthly Expense</th>
<th>Amount Paid</th>
<th>Proof Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Health insurance premiums □ Court ordered child support □ Out of pocket childcare costs (limited)</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Health insurance premiums □ Court ordered child support □ Out of pocket childcare costs (limited)</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Health insurance premiums □ Court ordered child support □ Out of pocket childcare costs (limited)</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>□ Health insurance premiums □ Court ordered child support □ Out of pocket childcare costs (limited)</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

I affirm the information provided is true, subject to verification, and if found false, I will not be enrolled in DTE’s Low-Income Self Sufficiency Program (LSP). I understand that THAW Fund does not guarantee enrollment in the program, even if preliminary approval is granted. I hereby release THAW Fund, its employees, officers, directors and its partnering agencies from any liability in connection with the application. I give permission to this agency, THAW and utility vendors to request and receive information from other parties as necessary to reach a determination on my request for enrollment or to remain eligible in the LSP program. I have read, understand and agree to these conditions and requirements.

____________________________
Signature (DTE Energy account holder must sign the application)

____________________________
Date
Zero Income Affidavit

Applicant Name: ____________________________________________________________________________________

Address: __________________________________________________________________________________________

I hereby certify that any person in my household does not receive income from any of the following sources:

a. Wages from employment (including tips, commissions, bonuses, fees, etc.);
b. Income from operation of a business;
c. Rental income from real or personal property;
d. Social security payments, pensions, annuities, retirement funds, insurance policies, or death benefits;
e. Unemployment or disability payments;
f. Public assistance payments;
g. Periodic allowances such as alimony, child support, or gifts received;
h. Sales from self-employment;
i. Any other source not named above.

I certify that the information contained in this affidavit is true and accurate to the best of my knowledge.

Signature ________________________________________________                         Date __________________________

This affidavit is to be signed by any individual who is 18 years of age and over who claims on the application to be self-employed.

Self-Employment Affidavit

This affidavit is to be signed by any individual who is 18 years of age and over who claims on the application to be self-employed.

I am self-employed in the business of: ____________________________________________________________________________

I have been self-employed in this manner since: ____/_____/_________

To the best of my knowledge, I expect to earn $__________________ in the upcoming 12 months.

This estimated earnings is supported by:

☐ previous year’s tax return
☐ accountant’s/bookkeeper’s statement
☐ business receipts/check stubs
☐ other ______________________________________________________________

If none of the above is available, please state the reason why: ________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

I certify that the information contained in this affidavit is true and accurate to the best of my knowledge.

Signature ________________________________________________________        Date __________________________