



*Keeping Families Safe and Warm Since 1985*

535 Griswold, Suite 200, Detroit, MI 48226

www.thawfund.org 1.800.866.THAW

**The Heat and Warmth Fund, a leading provider of energy assistance, wants to make it easier for you to get the help you need. If you are struggling to pay your energy bill, you can apply for assistance online at [www.thawfund.org](http://www.thawfund.org) or by using a printable application. This year, THAW is currently offering two **affordable payment plans** for eligible customers:**

### DTE Customers

#### **DTE Low-Income Self-Sufficiency Plan (LSP)**

LSP offers:

- A fixed monthly amount for your utilities, and the program will pay the difference between the plan amount and your monthly bill
- Access to dedicated Customer Advocates
- Self-sufficiency training
- Protection from shutoff during enrollment
- No future late payment charges
- Reduction of your outstanding balance.
- Any three missed payments during the year will result in plan termination.

### SEMCO Customers

#### **SEMCO Monthly Assistance Program (MAP)**

MAP offers:

- A reduced monthly budget payment based on your income and previous years' consumption, and the program will pay the difference between the plan amount and your monthly bill
- Past due balance forgiveness
- No late fees and service is protected from disconnection during enrollment
- Customers will be considered in default if they fall two payments behind during the program.

## HOW TO APPLY

- **Submit your application online at [www.thawfund.org/programs](http://www.thawfund.org/programs).**
- **Complete all sections of the application and return it to the address below.**
- **Mail this completed application to **The Heat and Warmth Fund (THAW)****

**535 Griswold St, Suite 200, Detroit, MI 48226**

### **Need help completing this form?**

Call 1.800.866.THAW to speak with a Utility Assistant Specialist or visit our office

Mon - Fri, 8:30 a.m. - 5 p.m.

## **MEAP Crisis Prevention Program Eligibility Guidelines**

- Account must be residential (not a commercial account).
- Accounts must have a past due balance (usage arrears).  
*The following do not qualify as usage arrears: cooking gas, bankruptcy, unauthorized or illegal usage, utility/energy provider late fees, utility/energy provider unregulated services (appliance repair).*
- Utility service must be active.
- Account must be in the applicant's name. If the account is not in the applicant's name, the applicant must provide
  - \* a written explanation as to why the responsible party listed on the utility bill is not the one applying for MEAP assistance
  - \* proof of ID that matches the address on the utility bill
  - \* all documents required to process the application
- Applicant must pay unauthorized usage charges and security fees.

### **Household Income Guidelines**

Eligible households must be at or below 150% FPL. The following 2017 guidelines for **monthly household income** will be in effect:

Household Size	Monthly Income	Household Size	Monthly Income
<b>1</b>	\$1,507.50	<b>5</b>	\$3,597.50
<b>2</b>	\$2,030.00	<b>6</b>	\$4,120.00
<b>3</b>	\$2,552.50	<b>7</b>	\$4,642.50
<b>4</b>	\$3,075.00	<b>8</b>	\$5,165.00

\* For each additional household member, add \$522.50.

# APPLICATION CHECKLIST

Failure to submit a completed and signed application may delay application processing and may cause your application to be denied.

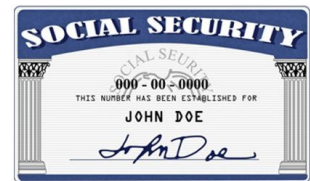
All sections of the application must be completed & returned to THAW.

Copy of the account holder/applicant's valid ID, i.e. driver's license or state-issued ID.

The address on the ID must match the service address on the account. If not, you must provide a document validating the address for the account holder/applicant.

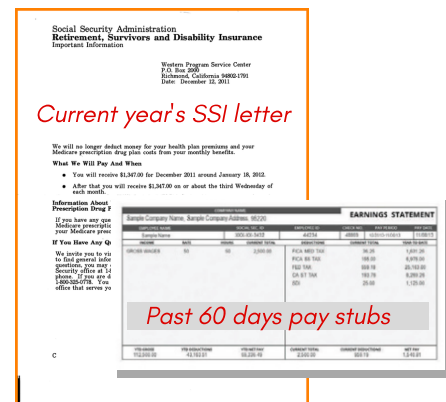



Copy of the Applicant's social security card; AND Social security numbers for all other household members.

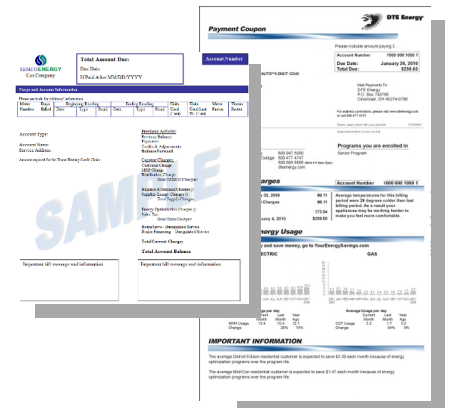



Proof of all household income (past 60 days) including Unemployment benefits, Social Security income, Pension/Retirement benefits, Veterans Affairs benefits, Cash Assistance, (FIP), Adoption Subsidy/Direct Care, Worker's Compensation, Alimony, Interest Annuities or Dividends, Self-employment. For child support, provide past 90 days.

- **Self-declaration of Income**, if you are self-employed. You must provide supporting documentation of this income.
- **Zero income affidavit** (on page 5) if the household has zero income. (excludes DTE LSP, as the household must have income).




Copy of your most recent utility bill for which you are seeking assistance.




Application must be signed and dated.

I hereby make application for the Michigan Energy Assistance Program (MEAP). I understand that there may be a delay in processing if there is missing information and/or documents. The MEAP crisis season runs from November 1 through May 31 therefore emergency assistance may not be available June 1 through October 31.

**ATTACH EXTRA PAGES IF YOU NEED TO INCLUDE ADDITIONAL MEMBERS.** List **EVERYONE** who lives in your home, including adults and children temporarily absent due to illness or employment. People are considered members of your household if they sleep and keep their belongings in your home. Be sure to include the date of birth and citizenship status for each member.

**I am applying for (check one)  DTE LSP  SEMCO MAP**

List All Household Members including First Name, Middle Initial & Last Name	Relationship to Applicant	Social Security Number	Disabled?	Date of Birth	Citizen?	Veteran?
	<b>SELF</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Household Address (Service Address)**

Service Address <i>Provide service address if mailing address is different</i>	City	State	Zip
County	E-mail Address		
(      ) Phone	(      ) Other	(      ) Alternate Contact Number	

**Mailing Address, if different than above**

Mailing Address (Numbers & Street Name, PO Box)	City	State	Zip
County			

**ADDITIONAL INFORMATION NEEDED**

Do you own or rent your home?	<input type="checkbox"/> OWN	<input type="checkbox"/> RENT
Is anyone in the household pregnant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is anyone in the household 18 years old and in high school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever received or participated in Energy Efficiency Education?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Home Heating Credit (HHC): Have you applied for or received the HHC (Energy Draft) in the last 6 months?	<input type="checkbox"/> YES, month received _____	<input type="checkbox"/> NO
Have you or do you currently receive benefits from the Department of Health and Human Services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Since October 1, 2017, have you de-enrolled/fallen off an affordable payment plan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you received energy assistance from another agency since October 1, 2017?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, name of energy assistance agency:	<b>DATE:</b>	

**How do you heat your home?**     Natural Gas     Propane     Electric Heat\*     Wood     Coal     Fuel Oil  
(Select One)                             No Heat Obligation                             Other (explain): \_\_\_\_\_

**\*Electric heat sources include solar panels, boilers, radiators, or baseboard heating but DO NOT include space heaters.**

**Emergency Need**

**\*Emergency Need: Check the service(s) that you are requesting and the amount needed to resolve the emergency for 30 days. *\*required***

- Household Heating: \$ \_\_\_\_\_  
 If this is a prepaid account, amount in account \$ \_\_\_\_\_  
 \*If deliverable fuel, percentage remaining in tank \_\_\_\_\_%
- Electricity (non-heating): \$ \_\_\_\_\_  
 If this is a prepaid account, amount in account \$ \_\_\_\_\_

**\*Payment for deliverable fuel will not be made if, at the time of delivery, it is confirmed that you have more than 25% of the fuel remaining in your tank.**

**Electric (non-heat) Provider Information**

Name & Address of company/energy provider	Account Number
Service Address	Name on Account
<b>Has your electricity been turned off?</b>	<input type="checkbox"/> Yes, date service was turned off: _____ <input type="checkbox"/> No
Have you received a past due or shut off notice for your electricity?	<input type="checkbox"/> Yes, when is service scheduled to be turned off: _____ <input type="checkbox"/> No

**Household Heating Provider Information**

Name & Address of company/energy provider	Account Number
Service Address	Name on Account
<b>Has your heat been turned off or have you run out of your only heating fuel source?</b>	<input type="checkbox"/> Yes, date heat was turned off or when fuel ran out: _____ <input type="checkbox"/> No
Have you received a past due or shut off notice for your heat or are you at risk of running out of your household heating fuel?	<input type="checkbox"/> Yes, number of days until fuel runs out or date service is scheduled to be shut off: _____ <input type="checkbox"/> No

**Household Income**

Does any member of your household have income?	<input type="checkbox"/> <b>No</b> – Complete & sign <b>Zero Income Affidavit</b> on page 5 <input type="checkbox"/> <b>Yes</b> – Total monthly income is \$ _____
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**Please check all sources of income that your household expects to receive in the next 30 days**

- Social Security
- Disability Benefits
- Employment/Earned Income
- Supplemental Security Income (SSI)
- Self-employment Income
- Worker's Compensation
- Pension/Retirement Benefits
- Unemployment Benefits
- Money from Family/Friends
- Veteran's Benefits/Military Allotments
- Child Support
- Other (example: lottery winnings) please list: \_\_\_\_\_
- Tribal payments (Energy Assistance/LIHEAP, tribal Gaming Association, casino/gambling profit sharing, land claims, etc.)
- Rental Income or a land contract, mortgage or other payment payable to a household member.

### Household Income (continued)

Person with Income	Type of Income (If employed, name of employer)	Gross Monthly Income (Amount before taxes and expenses)	How often received? (Weekly, biweekly, monthly, etc.)
<p><b>*</b> Have there been any changes or do you expect a change in your household income in the next 30 days? <i><b>*required</b></i></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes (please briefly explain below): <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		

### Household Expenses

*Check all the expenses below that apply to your household and provide the following information. **Attach proof for each.***

EXPENSE	Amount	How often paid?	Covers what time period?
<input type="checkbox"/> Health insurance premiums	\$		
<input type="checkbox"/> Court-ordered child support (paid)	\$		
<input type="checkbox"/> Out-of-pocket childcare costs paid by an employed household member (not by DHHS)	\$		
<input type="checkbox"/> Unusual employment related expenses, such as uniform, union dues, etc.	\$	Explain expense:	

### Household Needs Questionnaire (optional)

THAW is requesting your completion of this questionnaire. Your responses will help us learn more about what you or other household members may need so that we can connect you to resources or services in your area through our partner agencies or provide you with information on how to access those resources. ***Please check all areas for preferred assistance/wraparound services.***

- |   |  |  |                                 |
|---|--|--|---------------------------------|
| <input type="checkbox"/> Repair or replacement of natural gas appliance/equipment in your home: <b>Select</b> | <input type="checkbox"/> Hot water heater                    | <input type="checkbox"/> Furnace                                     | <input type="checkbox"/> Boiler |
| <input type="checkbox"/> Free home energy consultation to help lower your household utility costs             |  |  |                                 |
| <input type="checkbox"/> Clothing assistance  | <input type="checkbox"/> Weatherization                      | <input type="checkbox"/> Emergency medical or financial assistance   |                                 |
| <input type="checkbox"/> Employment & Job Training  | <input type="checkbox"/> Youth programming                   |  |                                 |
| <input type="checkbox"/> Food pantry or food assistance   | <input type="checkbox"/> Daycare & Early childhood education | <input type="checkbox"/> First-time home buying & affordable housing |                                 |
| <input type="checkbox"/> Free Tax Preparation   | <input type="checkbox"/> Family Budgeting                    |  |                                 |
| <input type="checkbox"/> Disease Prevention   | <input type="checkbox"/> Mental Health Counseling            | <input type="checkbox"/> Meals on wheels                             |                                 |
| <input type="checkbox"/> Rental & mortgage assistance   | <input type="checkbox"/> Tutoring                            | <input type="checkbox"/> Other:                                      |                                 |
| <input type="checkbox"/> Transportation assistance  | <input type="checkbox"/> Education                           |  |                                 |

### Testimonial

Would you be interested in sharing your story and/or a testimonial about your experience with THAW?  Yes  No

## Signature Requirement

***Please sign below after reading the following information, otherwise this application will be considered incomplete.***

- By requesting assistance through MEAP, you may be referred to, or required to, participate in additional services such as budgeting assistance, energy audits, or other programs that will help your household pay energy bills and understand energy consumption.
- **I understand I have 8 (eight) calendar days to provide all verifications requested and failure to provide the above information may result in denial of my application.** I understand giving false information can result in referral to the prosecutor for fraud. I understand that my application may be one of those chosen for a complete investigation. An agency or department representative may call my home and may contact other people in order to verify my eligibility for assistance.
- I authorize the assisting agency or provider to release my name and address to the local weatherization operator as part of the Weatherization Referral system. I authorize the department to release case and payment information to the Department of Health and Human Services, its affiliates and/or contracted agencies, for the purpose of research, study and evaluation of the Low Income Home Energy Assistance Program (LIHEAP) and the Michigan Energy Assistance Program (MEAP).
- I authorize my energy company to release by phone, fax, email or their computer website all available information about my account.
- UNDER PENALTIES OF PERJURY, I SWEAR OR AFFIRM THAT THIS APPLICATION HAS BEEN EXAMINED BY OR READ TO ME. IF I AM A THIRD PARTY APPLYING ON BEHALF OF ANOTHER PERSON, I SWEAR THAT THIS APPLICATION HAS BEEN EXAMINED BY OR READ TO THE APPLICANT TO THE BEST OF MY KNOWLEDGE, THE FACTS ARE TRUE AND COMPLETE.

\_\_\_\_\_  
 Signature of applicant or head of household                      Date

\_\_\_\_\_  
 Signature of spouse    Date

\_\_\_\_\_  
 Address (Numbers & Street Name, Apt, etc.)

\_\_\_\_\_  
 Signature of agency representative                      Date

\_\_\_\_\_  
 Current phone number

\_\_\_\_\_  
 Identification of applicant or authorized representative

## Request for Review

If you believe any action of the agency is incorrect, or if the decision to approve or deny your application is not made within 10 (ten) days of the application date, you have the right to a hearing. A request for a hearing must be in writing, signed by you or your authorized representative, and received by the agency making the eligibility determination within 90 (ninety) days following the date of this form.

**ALLOW 10 BUSINESS DAYS FOR PROCESSING A COMPLETE APPLICATION**

**ZERO INCOME AFFIDAVIT**

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

Address: \_\_\_\_\_

- All household members age 18 and older, including myself, receive **NO** income from any of the sources listed below.
- I hereby certify that the following household members 18 or older do not receive income from any of the sources listed below. *Provide the names of the household members with zero income.*

\_\_\_\_\_  
\_\_\_\_\_

- 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:** \_\_\_\_\_

**SELF-EMPLOYMENT AFFIDAVIT**

**This affidavit is to be signed by any individual who is 18 years of age or older 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 \_\_\_\_/\_\_\_\_/\_\_\_\_ (date)

To the best of my knowledge, I estimate to earn \$ \_\_\_\_\_ weekly/bi-weekly/monthly (circle one)

**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 explain why:**

\_\_\_\_\_  
\_\_\_\_\_

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

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_