



2022 Utility Assistance Programs

MEAP Affordable Payment Plans (APP) & One Time Payment Assistance

Affordable Payment Plans - Please select one or more programs that you may be interested in.

Assistance is based on available funding and on a first come first serve basis.

- DTE LSP SEMCO MAP CONSUMERS CARE UPPCO EASE

Eligibility Requirements for ALL APP Plans:

- You must be approved for State Emergency Relief (SER).

Benefits:

- Past due balance is frozen at the time of enrollment and paid off over time.
- Discounted or fixed monthly payments based on income and energy usage.
- Your electric and/or gas services are protected from shutoff while enrolled on a plan.

One Time Payment Assistance

Eligibility Requirements:

- You must be approved for State Emergency Relief (SER) and/or have a SER that required a co-payment.
- Participation in other programs or self-sufficiency services.
- You have fallen behind on your LSP, MAP, CARE or UPPCO payment plan.

Benefits:

- Restoration of gas and/or electric services.
- Prevents shutoff.
- Provides a fresh start and path to self-sufficiency.

** Assistance caps may apply. Alien proration is not eligible.*

How to Apply for MEAP

- Apply for State Emergency Relief (SER) online at newmibridges.michigan.gov or through your local MDHHS office.
 - If applying online:** Select THAW as your "Navigation/Referral Partner" on the SER application.
- Complete THAW's Utility Assistance and Self-Sufficiency Application
 - Online at thawfund.org – OR – Mail application to 535 Griswold St., Suite 200, Detroit MI 48226

Available Self-Sufficiency Services: **Case Management** **Financial Education** **Energy Education**

Other Assistance Programs

I would like to be considered for other programs if funding is available.

Eligibility Requirements: Select Program: Fisher Brightmoor Families Water (if available) Other

- You must have a past due balance.
- Participation in other programs or self-sufficiency services.

How to apply for THAW Programs

- Complete THAW's Utility Assistance and Self-Sufficiency Application
Online at www.thawfund.org – OR – Mail printed application to 535 Griswold St., Suite 200, Detroit, MI 48226

APPLICATION CHECK LIST – REQUIRED DOCUMENTS

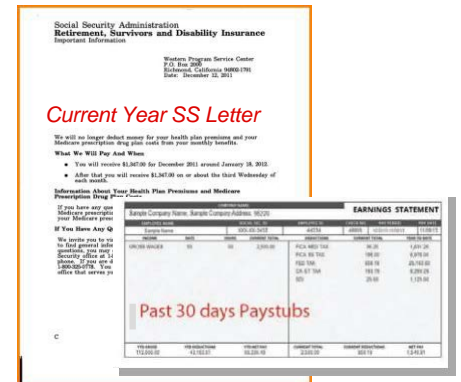
Please make sure to attach all required documents. An incomplete application may delay application processing and may cause your application to be denied.

FOR MEAP - Copy of Approved State Emergency Relief (SER) Decision Notice*
 Acceptable proof of SER includes DHS-1419 SER Decision Notice or Navigator screen print of SER eligibility. Note: The "Dates Covered" must include a starting date equal to 10/1/2021 or later.
 for Affordable Payment Plans or copayment assistance only

Copy of the Applicant's ID
 Acceptable ID includes driver's license; state, school or military ID; birth certificate; U.S. passport; certificate of naturalization or U.S. citizenship; U.S. American Indian/Alaska native tribal document.



Copy of the Applicant's Social Security Card or a document with the number
 Please also provide Social Security numbers for all household members.
 *Note: Providing a copy of the Social Security Card or document with the number is not required for the Michigan Energy Assistance Program (MEAP). However, THAW may have other programs that require verification.



Proof of all household income (past 30 days) *
 Including Wages, Unemployment, Social Security, Cash Assistance, Pension/Retirement benefits, Adoption Subsidy, Alimony, Worker's Compensation, Self-employment. *Note: Proof of income is not required for the Michigan Energy Assistance Program (MEAP). However, proof of income is required for other THAW programs.

Copy of your most recent utility bill(s) for which you are seeking assistance

Application must be signed and dated



Need additional assistance or have questions?
 Visit our website at thawfund.org
 Call 1-800-866-THAW (8429) to speak with a Utility Assistance Specialist



THAW Utility Assistance and Self-Sufficiency Application

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.

List All Household Members including First Name, Middle Initial & Last Name	Relationship to Applicant	Social Security Number	Disabled?	Date of Birth	Gender	MDHHS CASE ID
			Veteran?			
	SELF		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	SER End Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	

Household Address (Service Address)

_____ MI _____
 Service Address City State Zip
 County _____ Email Address _____
 Phone () _____ Can we Text? Yes No Alternate Contact Number () _____

Mailing Address, if different from above

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

Additional Information Needed

Home Heating Credit (HHC): Have you applied for or received the HHC (Energy Draft) in the last 6 months? Yes No
 If yes, month received _____

Have you received energy assistance from another agency or through a provider sponsored program since October 1st? Yes No
 If yes, name of energy assistance agency: _____ Date: _____

How do you heat your home? (Select one) Natural Gas Propane Fuel Oil Electric Heat* Wood Coal
 Non-Heat Obligation Other _____

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



THAW Utility Assistance and Self-Sufficiency Application

Type of Assistance Needed

ELECTRIC (NON-HEAT) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Service On <input type="checkbox"/> Disconnect Notice <input type="checkbox"/> Service Off Name and address of company/energy provider	Account Number Name on Account
HEAT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Service On <input type="checkbox"/> Disconnect Notice <input type="checkbox"/> Service Off Name and address of company/energy provider	Account Number Name on Account
WATER <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Service On <input type="checkbox"/> Disconnect Notice <input type="checkbox"/> Service Off Name and address of company/energy provider	Account Number Name on Account

Are you currently **enrolled and behind** on any Affordable Payment Plans? Yes No

If yes, please check those that apply: Consumers Energy Care DTE LSP SEMCO MAP UPPCO

Would you like assistance with any missed payments and remain enrolled? Yes No

Household Income/Eligibility Verification

Note: Proof of income is not required to receive assistance from the Michigan Energy Assistance Program (MEAP). However, proof of income is required for other THAW programs.

Person with Income	Type of Income (If employed, name of employer)	How often received? (Weekly, biweekly, monthly, etc.)
---------------------------	--	---

Required: Have there been any changes in the last 30 days, or do you expect a change in your household income in the next 30 days?
 Yes No If yes, please briefly explain: _____

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?	Time period covered?
<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:	

Income Verification

In place of proof of income/expenses, submit documents verifying your enrollment in or receipt of the designated benefits:
 Do you currently receive benefits from the state or federal government?
 Medicaid CHIP TANF FAP FIP SNAP SSI/SSDI WIC Public Housing Other

Please note that some programs may require additional proof(s) of income.



THAW Utility Assistance and Self-Sufficiency Application

Energy Efficiency Assistance

Have you ever received or participated in Energy Efficiency Education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received an Energy Efficiency Kit from THAW?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own or rent your home?	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
What year was the home built? _____	<input type="checkbox"/> Don't Know	
Would you be interested in a home energy audit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**The energy audit may qualify you for help in replacing your refrigerator, furnace, hot water heater or other energy saving items.*

Household Questionnaire (optional)

THAW is requesting that you complete this questionnaire to help us learn more about our customers and better meet their needs.

What is your education level?	<input type="checkbox"/> Less than High School	<input type="checkbox"/> High School/GED	<input type="checkbox"/> Trade/Technical	<input type="checkbox"/> College	
What is your ethnicity?	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Decline		
What is your race?	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian		
	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Decline	
What is your employment status?	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Disabled	<input type="checkbox"/> Student
How did you hear about THAW?	<input type="checkbox"/> Internet	<input type="checkbox"/> TV/Radio	<input type="checkbox"/> MDHHS	<input type="checkbox"/> Agency Partner	<input type="checkbox"/> Word-of-Mouth
Would you or anyone in your household be interested in training and placement for a customer service job?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Other Needs

Beyond assistance with your utilities, please check any areas where you need help finding resources or programs:

<input type="checkbox"/> Adult Education/Tutoring	<input type="checkbox"/> Employment & Job Training	<input type="checkbox"/> Housing
<input type="checkbox"/> Clothing	<input type="checkbox"/> Financial	<input type="checkbox"/> Medical Insurance/Medical Care
<input type="checkbox"/> Child Care	<input type="checkbox"/> Food/Nutrition	<input type="checkbox"/> Senior Services
<input type="checkbox"/> Counseling/Mental Health	<input type="checkbox"/> Free Tax Preparation	<input type="checkbox"/> Transportation

Other: _____

Comments: _____

Testimonial

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

Signature Requirements (Non-MEAP Programs)

Authorization to Release:
 I affirm the information provided is true, subject to verification, and if false, I will be denied THAW assistance. I understand that THAW Fund does not guarantee payment of funds, 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 and payment or non-payment of any funds. I give permission to this Agency, THAW Fund and utility vendors to request and receive information from other parties as necessary to reach a determination on my request for utility assistance. I have read, understand, and agree to these conditions and requirement.

Signature of Applicant: _____

Date: _____

By Signing this application, I affirm that all information is correct to the best of my knowledge.



THAW Utility Assistance and Self-Sufficiency Application

To be considered for MEAP, please sign below after reading the information. This application will be considered incomplete if it is not signed.

- As part of this MEAP agreement, I understand that I may be referred to or required to participate in additional services such as budgeting assistance, energy audits, or other programs that will help my household pay energy bills and understand energy consumption. Participation in the activities outlined in this plan/agreement are required in order to receive any additional energy assistance benefits
- 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 web site 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, City, State, Zip Code)		Signature of Agency Representative	Date
Current Phone Number	Email	Identification of applicant or authorized representative	

MEAP Affordable Payment Plan (APP)

I have been informed if my energy provider offers APP and understand whether or not I am eligible. Yes No

Please check one

- I agree to the terms and conditions of the Affordable Payment Plan offered by my energy provider and have received a list of the terms and conditions of this plan and wish to enroll if eligible.
- I do not want to enroll in an Affordable Payment Plan to receive monthly assistance with my energy bill at this time and want to discuss other assistance options.

Signature of applicant or head of household _____ 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: _____

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

SIGNATURE: _____ **DATE:** _____



THAW Utility Assistance and Self-Sufficiency 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:** _____

For Internal use to be completed by THAW Staff Only	
Check the self-sufficiency services offered to this household (documentation must be maintained in the client file).	
<input type="checkbox"/> Needs assessment and referral(s)	<input type="checkbox"/> Financial counseling
<input type="checkbox"/> Vendor advocacy	<input type="checkbox"/> Short term case management
<input type="checkbox"/> Energy education	<input type="checkbox"/> Long term case management
Signature of grantee representative	Date
* Selected Program for Assistance*	
<input type="checkbox"/> SEMCO MAP MEAP	<input type="checkbox"/> DTE LSP MEAP <input type="checkbox"/> Co-Payment Assistance MEAP 1x
<input type="checkbox"/> Consumers Energy CARE MEAP	<input type="checkbox"/> Other (please name): _____