THAW 2024 Utility Assistance Application and Energy Security Plan

MICHIGAN ENERGY ASSISTANCE PLANS (MEAP)

☐ MEAP One time Assistance  ☐ MEAP Affordable Payment Plan (APP)
(DTE LSP, SEMCO MAP, CONSUMERS CARE, UPPCO EASE)

Eligibility Requirements for ALL MEAP Programs:

• Must be approved for State Emergency Relief (SER) and/or have a SER that requires a co-payment.
• Participation in other programs or self-sufficiency services.
• Fallen behind on your LSP, MAP, CARE or UPPCO payment plan. (APP missed payment assistance).

Benefits:

• Restoration of gas and/or electric service. (One Time Payment Assistance)
• You will have a discounted or fixed monthly payment based on income and energy usage. (APP program only)
• Past due balance is frozen at the time of enrollment and is paid off over time (APP Program Only)
• Your electric and/or gas services are protected from shutoff while enrolled on an APP plan.
• Provides a fresh start and path to self-sufficiency.
• Prevents shutoff.

How to Apply for MEAP

1. Apply for State Emergency Relief (SER) online at newmibridges.michigan.gov or through your local Michigan of Health and Human Service office. (MDHHS)
   - If applying online: Select THAW as your “Navigation/Referral Partner” on the SER application.
2. Complete THAW’s Utility Assistance and Self-Sufficiency Application
   - Online at thawfund.org OR Mail completed application to 535 Griswold St., Suite 200, Detroit MI 48226

Other Assistance Programs

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

How to apply for ALL THAW Programs:

• Complete THAW’s Utility Assistance Application and Energy Security Plan
   Online at thawfund.org OR Mail completed application to 535 Griswold St., Suite 200, Detroit, MI 48226
THAW Utility Assistance Application & Energy Security Plan

I am interested in:

☐ MEAP Affordable Payment Plan  ☐ Other THAW Programs

☐ MEAP One-Time Payment  ☐ Water Assistance  ☐ Other: __________________________

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.

<table>
<thead>
<tr>
<th>List All Household Members including First Name, Middle Initial &amp; Last Name</th>
<th>Relationship to Applicant</th>
<th>Social Security Number</th>
<th>Disabled?</th>
<th>Veteran?</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>MDHHS CASE ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF</td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td>☐ Male ☐ Female ☐ Non-Binary</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td>☐ Male ☐ Female ☐ Non-Binary</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td>☐ Male ☐ Female ☐ Non-Binary</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td>☐ Male ☐ Female ☐ Non-Binary</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td>☐ Male ☐ Female ☐ Non-Binary</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td>☐ Male ☐ Female ☐ Non-Binary</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td>☐ Male ☐ Female ☐ Non-Binary</td>
<td></td>
</tr>
</tbody>
</table>

Household Address (Service Address)

Service Address ___________________________  City ___________________________  MI ___________________________  State ___________________________  Zip ___________________________

County ___________________________ Email Address ___________________________

Phone ( ) ___________________________ Can we Text? ☐ Yes ☐ No  Alternate Contact Number ( ) ___________________________

Mailing Address, if different from household address

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 ___________________________  If no, would you like more information ___________________________

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 Application & Energy Security Plan

### Type of Assistance Needed

<table>
<thead>
<tr>
<th>Type of Assistance Needed</th>
<th>Account Number:</th>
<th>Name on Account:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ELECTRIC (NON-HEAT)</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>HEAT</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>WATER</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### 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 to 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.*

<table>
<thead>
<tr>
<th>Person with Income</th>
<th>Type of Income</th>
<th>Amount received</th>
<th>How often received</th>
</tr>
</thead>
<tbody>
<tr>
<td>(If employed, name of employer)</td>
<td>How often received (Weekly, monthly, etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Household Expenses

*Check all the expenses below that apply to your household and attach proof for each expense.*

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>AMOUNT</th>
<th>How often paid?</th>
<th>Time period covered?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health insurance premiums</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Court-ordered child support (paid)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-pocket childcare costs paid by an employed household member (not by DHHS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unusual employment related expenses, such as uniform, union dues, etc.</td>
<td></td>
<td></td>
<td>Explain expense:</td>
</tr>
</tbody>
</table>

### 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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>CHIP</td>
</tr>
</tbody>
</table>

*Please note that some programs may require additional proof(s) of income.*
THAW Utility Assistance Application & Energy Security Plan

**Household Questionnaire (PLEASE COMPLETE)**

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?**
- [ ] Less than High School
- [ ] High School Diploma
- [ ] GED
- [ ] Trade/Technical
- [ ] College

**What is your ethnicity?**
- [ ] Hispanic/Latino
- [ ] Not Hispanic
- [ ] Decline

**What is your race?**
- [ ] Alaskan Native/American Indian
- [ ] African American/Black
- [ ] Asian
- [ ] Middle Eastern/Arab American
- [ ] Native Hawaiian/Pacific Islander
- [ ] White
- [ ] Decline

**What is your employment status?**
- [ ] Employed
- [ ] Unemployed
- [ ] Retired
- [ ] Disabled
- [ ] Student

**How did you hear about THAW?**
- [ ] Internet
- [ ] TV/Radio
- [ ] MDHHS
- [ ] Agency Partner
- [ ] Word-of-Mouth

**Do you own or rent your home?**
- [ ] Own
- [ ] Rent

**What year was the home built?**

**Other Needs (PLEASE COMPLETE)**

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

- [ ] Adult Education/Tutoring
- [ ] Employment & Job Training
- [ ] Housing
- [ ] Financial
- [ ] Medical Insurance/Medical Care
- [ ] Senior Services
- [ ] Free Tax Preparation
- [ ] Transportation

**Would you be interested in learning more about energy efficiency/savings?**
- [ ] Yes
- [ ] No

**Other:**

**Comments:**

---

**Housing or Dwelling Conditions (PLEASE COMPLETE)**

Please answer the questions below regarding your home’s energy efficiency.

1. **Does Anyone in your home...(check all that apply):**
   - [ ] struggle with a medical need that requires you to keep your home at a certain temperature?
   - [ ] have medical equipment that gets plugged in?
   - [ ] This question does not apply to my home.

2. **My Home...(Check all that apply)**
   - [ ] is affected by drafts, holes or damage near the windows, doors, floors, ceiling or roof and/or lacks proper insulation.
   - [ ] has an inefficient or broken heating/cooling system; or need to use something to heat your home other than your regular heat source (space heater, stove, oven etc)?
   - [ ] has water or dampness in rooms other than the bathroom and kitchen
   - [ ] This question does not apply to my home.

---

**Testimonial**

Would you be interested in sharing your story and/or a testimonial about your experience with THAW?

- [ ] Yes
- [ ] No
THAW Utility Assistance Application & Energy Security Plan

APPLICANT SIGNATURE: PLEASE SIGN BELOW AFTER READING THE INFORMATION TO BE CONSIDERED FOR ALL THAW PROGRAMS. THIS APPLICATION WILL BE CONSIDERED INCOMPLETE IF NOT SIGNED.

• 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.

IF I AM ELIGIBLE FOR MEAP FUNDING:
• As part of the 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.

PLEASE CHECK ONE OF THE OPTIONS TO BE CONSIDERED FOR AN AFFORDABLE PAYMENT PLAN

☐ 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.

• 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.

APPLICANT OR HEAD OF HOUSEHOLD SIGNATURE               DATE

REPRESENTATIVE SIGNATURE (IF SOMEONE IS COMPLETING ON BEHALF OF APPLICANT)               DATE

REPRESENTATIVE RELATIONSHIP TO APPLICANT

SIGNATURE OF THAW AGENCY REPRESENTATIVE

Utility Assistance 2023-2024
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 Application & Energy Security Plan

(Only complete this form if your household has NO income)

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: ____________________________

SEE NEXT PAGE FOR A CHECKLIST OF DOCUMENTS YOU NEED TO SUBMIT WITH YOUR APPLICATION
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