



THAW 2025 Utility Assistance Application and Energy Security Plan

MUST COMPLETE THE ENTIRE APPLICATION AND SIGN PAGE 5 TO SUBMIT YOUR APPLICATION

**THAW OFFERS UTILITY ASSISTANCE FOR ELECTRICITY, HEAT AND WATER.
PLEASE REVIEW THE PROGRAM REQUIREMENTS BELOW AND FOLLOW INSTRUCTIONS FOR APPLYING.**

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

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.

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	
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			<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)

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.



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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 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.

Person with Income	Type of Income <i>(If employed, name of employer)</i>	Amount received	How often received <i>(Weekly, monthly, etc.)</i>

Household Expenses

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

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.

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? _____ Don't Know

Other Needs (PLEASE COMPLETE)

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

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 questions 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



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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



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(Only complete this form if you indicated you were self-employed in the income section)

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: _____



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(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

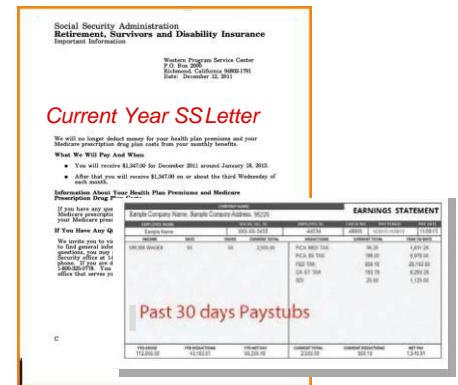
Please make sure to attach all required documents. An incomplete application may delay application processing and may cause your application to be denied.

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