THAW THE HEAT AND WARMTH FUND
Keeping Families Safe and Warm Since 1985
Four Decades, One Mission

THAW 2027 Utility Assistance Application and Energy Security Plan

MUST COMPLETE THE ENTIRE APPLICATION AND SIGN PAGE 6 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)

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

Eligibility Requirements for ALL MEAP Programs:

- Must be at or below 60% of the State Median Income. (See Income Chart Below)
- If enrolled in other State of Michigan Programs (i.e. SNAP, FAP, FIP, TANF, WIC, Head Start, SSI) you are eligible for MEAP benefits.
- Possible Participation in other programs or self-sufficiency services **if you are determined to be energy burdened.**
- Falling behind on your APP Plan; LSP, MAP, CARE or UPPCO payment plan or need one-time 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.

INCOME CHART

Family Size	60% SMI
1	$36,517.00
2	$47,753.00
3	$58,989.00
4	$70,225.00
5	$81,461.00
6	$92,697.00

How to Apply for MEAP and Other THAW Programs

1. You can apply for State Emergency Relief (SER) online at newmibridges.michigan.gov or through your local Michigan of Health and Human Service office. (MDHHS) for MEAP Programs

   -**If applying online**: Select THAW as your "Navigation/Referral Partner" on the SER application.

2. Complete THAW's Utility Assistance Application and Energy Security Plan online at thawfund.org

   OR Mail completed application to 3031 W. Grand Blvd, Suite 660, Detroit MI 48202

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I am interested in: ❒MEAP Affordable Payment Plan ❒ Other THAW Programs
❒ MEAP One-Time Payment ❒ Water Assistance ❒ Other:_____

APPLICANT INFORMATION

First Name _____ **Middle Initial** _____ **Last Name** _____

Birthdate _____ **Phone Number**_____ **Can we Text?** ❒Yes ❒No

Email Address _____ **Social Security Number** _____

MDHHS Case Number _____ ***SER End Date (If Applicable)** _____

*While an SER is not required for MEAP assistance this year, it is recommended you apply if your bill is over $2500, or your income is below 150% FPL.

Gender: ❒Male ❒Female ❒Non-Binary ❒Transgender

Race: ❒Alaskan Native/American Indian ❒Black/African American ❒Asian
❒Middle Eastern/Arab ❒Native Hawaiian/Other Pacific Islander ❒White ❒Other

Ethnicity: ❒Hispanic/Latino ❒Non-Hispanic/Latino

Are you currently employed? ❒Yes ❒No

What is your highest level of education? ❒Less than High School ❒High School Diploma ❒GED
❒Trade/Technical ❒College

Do any of the below apply to you? Select all that apply:

❒Disabled or have a physical/emotional/mental health condition
❒A veteran or served in the military or armed forces
❒Experienced homelessness in the past 12 months
❒60 years of age or older
❒Child in the home under 5 years of age
❒None of the above apply to me

***Please continue to page 3 and complete all necessary information for your household and income. Please be sure to include a copy of your identification, social security card, current utility bill and proof of income. Without these documents, your application may experience a delay in processing until we can verify the information you have submitted on your application.**

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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 for each member.

List All Household Members including First Name, Middle Initial & Last Name	Relationship to Applicant	Social Security Number	Disabled? / Veteran?	Date of Birth	Gender
Self – Already listed on Page 2			❒ Yes ❒ No ❒ Yes ❒ No	**Self – Already listed on Page 2**	
			❒ Yes ❒ No ❒ Yes ❒ No		❒ Male ❒ Female ❒ Non-Binary ❒ Transgender
			❒ Yes ❒ No ❒ Yes ❒ No		❒ Male ❒ Female ❒ Non-Binary ❒ Transgender
			❒ Yes ❒ No ❒ Yes ❒ No		❒ Male ❒ Female ❒ Non-Binary ❒ Transgender
			❒ Yes ❒ No ❒ Yes ❒ No		❒ Male ❒ Female ❒ Non-Binary ❒ Transgender
			❒ Yes ❒ No ❒ Yes ❒ No		❒ Male ❒ Female ❒ Non-Binary ❒ Transgender
			❒ Yes ❒ No ❒ Yes ❒ No		❒ Male ❒ Female ❒ Non-Binary ❒ Transgender

Household Address (Service Address)

Service Address _____ City _____ State MI Zip _____

County _____

What type of home do you live in (check one)?

❒ Multi-Unit (apartment, condo, duplex, etc.) ❒ Single Family Home
❒ Mobile Home

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/Pellets ❒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) ❒Yes ❒No ❒Service On ❒Disconnect Notice ❒Service Off Name and address of company/energy provider:	Account Number: Name on Account:
HEAT ❒Yes ❒No ❒Service On ❒Disconnect Notice ❒Service Off ❒Less than 30% of Heating fuel remaining Name and address of company/energy provider:	Account Number: Name on Account:
WATER ❒Yes ❒No ❒Service On ❒Disconnect Notice ❒Service Off Name and address of company/energy provider:	Account Number: Name on Account:

***Note**: Proof of income is not required to receive assistance from the Michigan Energy Assistance Program (MEAP) if you are currently receiving benefits from another State of Michigan program, please attach benefit letter.*

In place of proof of income for MEAP:

Do you currently receive benefits from the state or federal government?

❒Medicaid ❒ CHIP ❒TANF ❒FAP ❒FIP ❒SNAP ❒SSI/SSDI ❒WIC ❒Head Start ❒ Other

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

If you do not receive assistance from other State of Michigan programs, you are required to submit income documentation for the last 30 days to determine your eligibility to receive assistance.

Person with Income	*Type of Income (If employed, name of employer)*	*Amount Received*	*How often received (Weekly, monthly, etc.)*

If you are self-employed or have no household income, please complete the "self-employment affidavit" on page 7 or the "zero income affidavit" on page 8.

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?
❒ **Health insurance premiums**			
❒ **Court-ordered child support (paid)**			
❒ **Out-of-pocket childcare costs paid by an employed household member (not by DHHS)**			
❒ **Unusual employment related expenses, such as uniform, union dues, etc.**			*Explain expense:*

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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.

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)

Are you interested in a Needs Assessment that may be able to assist your household with additional programs or services? ❒Yes ❒No

If yes, a THAW Representative will follow-up with you to complete the Needs Assessment while your application is being processed.

Would you be interested in learning more about ways to save on your energy bill? ❒Yes ❒No

If yes, a THAW Representative will follow-up with you regarding energy efficiency services while your application is being processed.

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
❒ Clothing	❒ Financial	❒ Medical Insurance/Medical Care
❒ Child Care	❒ Food/Nutrition	❒ Senior Services
❒ Counseling/Mental Health	❒ Free Tax Preparation	❒ Transportation

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 requirements.

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.

• I hereby affirm to provide all requested verifications within (8) calendar days and understand failure to do so may result in denial of the application.

• I authorize THAW staff to execute the MEAP Application and/or MEAP Energy Security plan with my verbal consent in lieu of my signature after the MEAP Application and/or MEAP Energy Security plan has been completed and reviewed with me.

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 10/1/2026 or later.

for Affordable Payment Plans or copayment assistance only

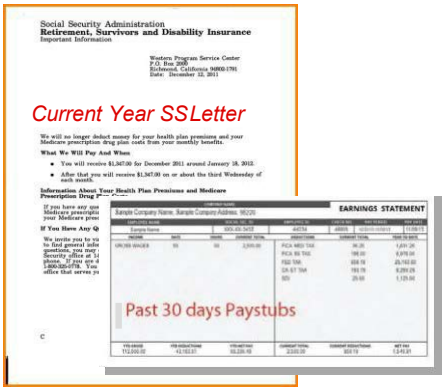
☐ Copy of the Applicant's ID

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