



WE CAN HELP YOU!

DTE ENERGY OFFERS A LOW INCOME SELF- SUFFICIENCY PLAN (LSP)

This program allows you to make affordable monthly payments based on your income. The remaining portion of your bill is paid monthly with your energy assistance funds.

The federal and state eligibility criteria are:

- Income is equal to or less than 150% of Federal Poverty Level (FPL) Guidelines
- Energy consumption (electric and gas) over the past 12 months is compatible with average annual usage for a residential customer

What do you need to do to enroll or re-enroll?

New and continuing LSP program participants must submit an application to take advantage of the program. Your completed application must be received as soon as possible; enrollment is on a first-come-first-served basis.

To begin or continue your service, follow these simple steps:

1. Fill out the enclosed application; applicant MUST enclose a copy of their Social Security card
2. Provide proof of a valid identification for all individuals living in your household
3. Provide proof of income of all individuals living in your household
4. Mail all documents in the self- addressed envelope provided

DON'T WAIT. ENROLLMENT IS LIMITED.

For more information, contact
United Way for Southeastern Michigan at
844-598-7967 or visit LiveUnitedSEM.org/LSP



DTE Energy[®]

LIVE UNITED



United Way
for Southeastern Michigan

LOW INCOME SELF-SUFFICIENCY PLAN (LSP) APPLICATION 2015-16



BEFORE MAILING, CHECK TO BE SURE THAT:

Each section in this application form has been carefully completed ; primary DTE account holder has signed at bottom of page one

- Copy of MOST RECENT DTE bill is enclosed
- Supporting documents proving identity are enclosed for each household member listed in Section 2
 - *Driver's License
 - *State ID
 - *Birth Certificate
 - *Voter's Registration Card
 - *School ID
 - *Health Insurance Card
- Social Security Number Requirement is met:
 - *Social Security Numbers for all members of the household, AND
 - *Social Security Card for applicant, OR
 - *IRS Tax Transcript displaying full Social Security number, OR
 - *Medicare Card displaying full Social Security number, OR
 - *Statement from Social Security Administration displaying full Social Security number, OR
 - *Receipt of Application for Social Security Card from Social Security Administration displaying Social Security number
- Supporting documents are enclosed to prove earned income and expenses are enclosed for all earning members in the household.

Options include:

 - *Paystubs: All paystubs for the past 30 days. NO PAYSTUBS OLDER THAN 60 DAYS ACCEPTED
 - *Letter from employer dated within the last 60 days. Letter must include amount of income received per month, must be on company letterhead signed by a supervisor
 - *Health insurance premium payments, child support payment statements, union dues deductions
- Supporting documents are enclosed to prove unearned/fixed income for the household.

Options include:

 - *SSI, Social Security, RSDI, SSDI, SDA and/or Pension statement
 - *Child support statement from the court or website
 - *Unemployment award letter dated within the last 60 days
 - *Adoptions subsidy/Direct Care pay stubs
 - *Proof of alimony or spousal support
- Self-employed household members who earned less than \$10,000 last year (before taxes) have signed the Self-Employment Declaration Form; self-employment income of over \$10,000 must include federal or state tax forms or Self-employment Profit Loss Statement
- If there is ZERO income for all household members, sign and date the No Income Declaration Form.

Mail the completed application, along with all necessary supporting documentation within the next 7 days:

**Mailbox for UWSEM LSP
535 Griswold Street, Ste. 111-610
Detroit, MI 48226**

*Address is used for mail only - no walk-in applications accepted at above address

**Have questions or concerns regarding your eligibility? Need help completing this form?
Call toll free 844-598-7967 (Mon-Fri 9-5), or visit LiveUnitedSEM.org/LSP**

SECTION 1: PRIMARY ACCOUNT HOLDER ADDRESS INFORMATION

1. **First Name:** _____ Middle Initial: _____ Last Name: _____

Social Security No.: _____ Birth Date: _____ DTE Energy Acct No.: _____
(12-digit number at top right corner of bill)

2. **DTE Energy Service Address:** _____

City: _____ State: _____ ZIP: _____ County: _____

3. **Mailing Address (if different from above, or P.O. Box)**

Street Number & Name: _____

City: _____ State: _____ ZIP: _____

4. **Phone Number/Contact Information**

Primary Phone: _____ Cell Phone Permission to text updates

Secondary Phone: _____ Cell Phone Permission to text updates

Email Address: _____

5. **Place a check in front of the ONE PRIMARY REASON you are applying for energy assistance at this time:**

- Low-income household
- Job loss
- Medical hardship
- Other (explain): _____

6. **Previous energy assistance received in prior 12 months?** Yes No If Yes, Date of assistance: _____

Amount of Assistance: \$ _____ Name of Agency: _____ Utility Provider: _____

Applied for/received the Home Heating Credit in the last 6 months? Yes, month received _____ No

7. **Were you referred by Welfare Rights Organization?** Yes No

8. **Have you, or do you currently, receive benefits from DHS?** Yes No

9. **Do you:** Rent Own

SIGNATURE REQUIREMENT - Please sign and date below. Otherwise, this application will be incomplete. I understand failure to provide the information requested may result in denial of my application. I also understand that United Way will certify all information contained in this application and the information is the sole means for determining my eligibility for enrollment and participation in DTE Energy's Low Income Self-Sufficiency Plan (LSP). I also understand that I have eight (8) business days to provide all verifications and supporting documents requested and failure to provide them may result in denial of my application. I affirm the information provided is true and subject to verification, and that information for all household members can be shared. If any information I provide is false, I may be denied eligibility for the Low Income Self-Sufficiency Plan. I authorize United Way and utility vendors to request and receive information from other parties as necessary to reach a determination for my eligibility. I understand that my customer information will be shared with state and federal agencies to meet the energy assistance guidelines. Additionally, a representative may call at my home and may contact other people in order to verify my eligibility for enrollment.

Signature of Applicant

Date

SECTION 2: HOUSEHOLD INFORMATION

IDENTIFICATION DOCUMENTS REQUIRED

Examples of identity verification required for EACH household member listed below are copy of driver's license; state ID; passport; Social Security card; birth certificate; Permanent Resident or Alien Registration Receipt Card; or voter registration card.

Name (full name)	Relation to Applicant	Social Security Number	Date of Birth	Check all that Apply
1.				<input type="checkbox"/> Pregnant <input type="checkbox"/> US citizen/legal alien <input type="checkbox"/> Full-time student <input type="checkbox"/> Disabled
2.				<input type="checkbox"/> Pregnant <input type="checkbox"/> US citizen/legal alien <input type="checkbox"/> Full-time student <input type="checkbox"/> Disabled
3.				<input type="checkbox"/> Pregnant <input type="checkbox"/> US citizen/legal alien <input type="checkbox"/> Full-time student <input type="checkbox"/> Disabled
4.				<input type="checkbox"/> Pregnant <input type="checkbox"/> US citizen/legal alien <input type="checkbox"/> Full-time student <input type="checkbox"/> Disabled
5.				<input type="checkbox"/> Pregnant <input type="checkbox"/> US citizen/legal alien <input type="checkbox"/> Full-time student <input type="checkbox"/> Disabled
6.				<input type="checkbox"/> Pregnant <input type="checkbox"/> US citizen/legal alien <input type="checkbox"/> Full-time student <input type="checkbox"/> Disabled
7.				<input type="checkbox"/> Pregnant <input type="checkbox"/> US citizen/legal alien <input type="checkbox"/> Full-time student <input type="checkbox"/> Disabled
8.				<input type="checkbox"/> Pregnant <input type="checkbox"/> US citizen/legal alien <input type="checkbox"/> Full-time student <input type="checkbox"/> Disabled
9.				<input type="checkbox"/> Pregnant <input type="checkbox"/> US citizen/legal alien <input type="checkbox"/> Full-time student <input type="checkbox"/> Disabled

(If more space is needed, please attach separate sheet)

SECTION 3: HOUSEHOLD INCOME WORKSHEET

1. Employment Income: Is anyone in your household employed (including any adult and/or child care provider payments received)? No Yes → If Yes, it is necessary to complete the income validation table below and include PROOF of INCOME in your return envelope with your application.

Examples of proof of income required for EACH household member listed below are copy of most recent check stub (past 90 days); wages (W-2 form); federal tax forms (1040, 1040EZ, etc.); Michigan state tax forms (MI-1040, etc.); unemployment statement/letter; Social Security statement/letter for this year; pension statement; Workers' Compensation statement; alimony or spousal support statement/letter; disability statement; interest, annuity or dividend statement; rental income receipt; DHS FIP papers.

Name (first and last)	Employer's Name	How Often Paid	Gross Earnings (before taxes)
1.		<input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Seasonal/Temp/Contractual	\$
2.		<input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Seasonal/Temp/Contractual	\$
3.		<input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Seasonal/Temp/Contractual	\$
4.		<input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Seasonal/Temp/Contractual	\$

2. Unearned Income: Does anyone in your household receive any unearned income? No Yes → If Yes, please complete the income validation table below and include PROOF of INCOME in your return envelope.
Examples of Unearned Income are Social Security benefits; pension/retirement benefits; veteran's benefits; military allotments; DHS FIP cash assistance; Supplemental Security Income (SSI); Workers' Compensation; child support; tribal payments; adoption subsidy; disability benefits; unemployment compensation; rental income; Section 8 energy subsidy payments.

Name (first and last)	Income Source	How Often Received	Amount Received
1.			\$
2.			\$
3.			\$

3. Self-employment Income: Is anyone in your household self-employed? No Yes → If Yes, complete the income validation table below, as well as the SELF-EMPLOYMENT DECLARATION OF INCOME FORM on page 5, and return in the provided envelope with your application.

Name (first and last)	Type of Work or Business	Business Name & Address	Gross Monthly Income (pre-tax)
1.			\$
2.			\$
3.			\$

4. No income: If no one in your household currently receives income, check this box and then complete the NO INCOME DECLARATION FORM on page 6 and return in the provided envelope with your application.

ELIGIBLE EXPENSES

INCOME EXPENSES – Does your household pay any of the following expenses? No Yes → If Yes, check all that apply and ATTACH PROOF.

Name (first and last)	Expense	Monthly Amount
1.	<input type="checkbox"/> Health Insurance Premiums <input type="checkbox"/> Union Dues <input type="checkbox"/> Court-Ordered Child Support <input type="checkbox"/> Out-of-Pocket Child Care Costs (limited)	\$
2.	<input type="checkbox"/> Health Insurance Premiums <input type="checkbox"/> Union Dues <input type="checkbox"/> Court-Ordered Child Support <input type="checkbox"/> Out-of-Pocket Child Care Costs (limited)	\$

SELF-EMPLOYMENT DECLARATION OF INCOME FORM

Complete this section for **each** self-employed person listed in Section 3 on page 4 of the application.

Full name of this self-employed person: _____

Their current address: _____

Their Social Security number: _____

Gross annual income (before taxes) received for this work last year: \$ _____

Description of work performed: _____

SELF-EMPLOYED PERSON LISTED ABOVE MUST SIGN HERE: *I understand that (1) if my actual earnings are different from those reported above, I might be required to report any changes to United Way, and (2) I must include a 1099 tax form from last year with this application if my gross annual income from this work was more than \$10,000 (before taxes).*

Signature of self-employed member of household

Date

Full name of this self-employed person: _____

Their current address: _____

Their Social Security number: _____

Gross annual income (before taxes) received for this work last year: \$ _____

Description of work performed: _____

SELF-EMPLOYED PERSON LISTED ABOVE MUST SIGN HERE: *I understand that (1) if my actual earnings are different from those reported above, I might be required to report any changes to United Way, and (2) I must include a 1099 tax form from last year with this application if my gross annual income from this work was more than \$10,000 (before taxes).*

Signature of self-employed member of household

Date

⇒ **Make a copy of this sheet if there are more than two self-employed persons in this household** ⇐

NO INCOME DECLARATION FORM

Complete this section if you checked the box in Section 3 on page 4 of the application stating that no one in your household currently receives any income.

Full name of applicant: _____

Current address: _____

Social Security number: _____

APPLICANT MUST ATTEST TO THE FOLLOWING BY SIGNING BELOW:

No member of this household receives any earned income (employment or self-employment) or unearned income (Social Security benefits, pension/retirement benefits, veteran's benefits, military allotments, DHS FIP cash assistance, Supplemental Security Income [SSI], Workers' Compensation, child support, tribal payments, adoption subsidy, disability benefits, unemployment compensation, rental income, Section 8 energy subsidy payments). I understand that I might be required to report any changes to United Way if this changes.

Signature of Applicant

Date

BASIC NEEDS ASSESSMENT

The following assessment will be used to help United Way determine any supportive services for which you may be eligible. Your responses to these questions have no bearing on your final eligibility determination for this LSP program. Please check ONE ITEM in each category that best describes your household situation.

Household Income	<input type="checkbox"/> No income
	<input type="checkbox"/> Insufficient income and/or spur-of-the-moment or unsuitable spending
	<input type="checkbox"/> Can meet basic needs with support; proper spending
	<input type="checkbox"/> Able to meet basic needs and manage debt without support
	<input type="checkbox"/> Income is sufficient & well managed; has additional income, allowing monetary funds to be saved
Level of Employment	<input type="checkbox"/> No job
	<input type="checkbox"/> Temporary, part-time or seasonal employment; inadequate pay; no benefits
	<input type="checkbox"/> Employed full time; inadequate pay; few or no benefits
	<input type="checkbox"/> Employed full time with adequate pay and benefits
	<input type="checkbox"/> Maintains permanent employment with adequate income and benefits
Housing Status	<input type="checkbox"/> Homeless or threatened with eviction
	<input type="checkbox"/> In transitional, temporary or substandard housing; current rent/mortgage payment is unaffordable (over 30% of income)
	<input type="checkbox"/> Housing is safe and stable, but only somewhat adequate
	<input type="checkbox"/> Housing is safe and adequate, but subsidized
Food Availability	<input type="checkbox"/> Housing is safe and adequate, and unsubsidized
	<input type="checkbox"/> No adequate amount of food or the means to prepare it; household depends on other sources of free or low-cost food items
	<input type="checkbox"/> Household receives some form of nutritional government assistance (for example, food stamps)
	<input type="checkbox"/> Usually able to meet basic food needs, but occasionally needs assistance
	<input type="checkbox"/> Can meet basic food needs without assistance
	<input type="checkbox"/> Can choose to purchase any food items the household desires
Safety	<input type="checkbox"/> Residence is not safe; immediate level of danger is extremely high; possible CPS involvement
	<input type="checkbox"/> Current level of safety is unsatisfactory; brief protection is needed; level of danger is high
	<input type="checkbox"/> Current level of safety is minimally adequate; ongoing safety planning is essential
	<input type="checkbox"/> Environment is safe but future of such is unclear; safety planning is key
	<input type="checkbox"/> Environment is apparently safe and stable
Disability and Life Skills	<input type="checkbox"/> CRISIS – chronic symptoms affect housing, employment, social interactions, etc.; unable to meet basic needs for daily living
	<input type="checkbox"/> VULNERABLE – sometimes has chronic symptoms affecting housing, employment, social interactions, etc.; can meet a few but not all basic daily living needs without some form of assistance
	<input type="checkbox"/> SAFE – occasionally experiences chronic symptoms affecting housing, employment, social interactions, etc.; able to meet most but not all basic daily living needs without assistance
	<input type="checkbox"/> BUILDING CAPACITY – condition controlled by services or treatment; able to meet all basic needs for daily living without support
	<input type="checkbox"/> THRIVING – no identified disability; able to provide beyond basic daily needs for self and family
Family Relations	<input type="checkbox"/> Insufficient support from family or friends; some form of abuse/neglect is present
	<input type="checkbox"/> Family/friends offer support but lack ability or resources to properly help; family members do not relate well with each other; there exists potential for conflict or neglect
	<input type="checkbox"/> Receives some support from family/friends; household members seek to change negative behaviors and practice communicating and supporting each other
	<input type="checkbox"/> Strong, support from family or friends; household members support each other's efforts
	<input type="checkbox"/> Support network is expanding; household is in a stable state and members communicate openly

➤ Continued on next page ⇐

BASIC NEEDS ASSESSMENT *(continued)*

Transportation	<input type="checkbox"/> No access to public or private transportation; may have vehicle that is inoperable <input type="checkbox"/> Transportation is available but unreliable, unpredictable and/or unaffordable; may have car but no insurance, license, etc. <input type="checkbox"/> Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured <input type="checkbox"/> Transportation is generally accessible to meet basic travel needs <input type="checkbox"/> Transportation is readily available and affordable; car is adequately insured
Health Care	<input type="checkbox"/> No medical coverage, and there is an immediate need <input type="checkbox"/> No medical coverage; quite challenging to access needed medical care; some household members experience poor health <input type="checkbox"/> Some household members (e.g. children) have medical coverage <input type="checkbox"/> All household members can get medical care when needed, but budget may be strained <input type="checkbox"/> All household members are covered by affordable, adequate health insurance
Adult Literacy	<input type="checkbox"/> Literacy problems are serious barriers to gaining adequate employment (for example, no diploma or GED) <input type="checkbox"/> Currently enrolled in literacy or GED programs; sufficient command of the English language <input type="checkbox"/> Household members over 18 have high school diploma/GED <input type="checkbox"/> Need additional education/training to improve employment situation or are resolving literacy problems to function effectively <input type="checkbox"/> Have completed education/training programs to gain employment; no literacy problems

ARE YOU READY FOR COACHING?

To get a sense of how ready you are to work with a coach to obtain the support and skills you need to become financially stable and reach your goals, check the box in front of each statement below that describes you.

- I am interested in improving my financial situation over the next one to three years.
- I want to learn new financial skills.
- I want an honest, outside perspective.
- I'm ready to commit some thought, time and energy to managing my finances.
- I could use someone to help me focus, challenge me, and hold me accountable to my commitments and goals.
- I realize that my success depends on my willingness to take action.
- I am a person who is motivated by a deadline or the need to report my progress.
- I am willing to make changes to have the life I want.

If more than four of these statements describe you, you are ready for coaching!

For Office Use Only – Please do not write in this area!!

2015/2016 G: _____ E: _____ ARR: _____

Referral Partner: _____