



11148 Harper Ave. Detroit, MI 48213
PH: 313-924-4000 ~ FAX: 313-924-4003

2017

Dear Community Member:

Thank you for contacting CLEARCorps/Detroit to express interest in the DTE Test and Tune-Up Program. In partnership with DTE Energy, we are able to provide qualifying applicants with a FREE furnace INSPECTION AND CLEANING. This can help make your heating source more efficient and save on their energy bill. You may also be eligible to receive free furnace repairs.

To qualify for this program, you must meet the following criteria:

- 1) **The owner of the property must be listed on the application.**
- 2) **A copy of your DTE Bill for the address listed on this application must be attached; the bill must be current and DTE service must be active.** Please list the full name of the DTE account holder and DTE account number on the application. The DTE bill must indicate whether the property receives gas and electric service through DTE.
- 3) **Income information and documentation for everyone living in your household over age 18 must be included.** This program is only for clients whose family income meets HUD guidelines (chart enclosed). If you can provide documentation that anyone in your household receives SSI, DHS, Weatherization, TANF/Food Stamps, SER, WIC, SDA, Cash assistance, you will automatically be income-qualified.

If you are applying for this program, please fill out the enclosed application **COMPLETELY** and return it to our office as soon as possible. **If the application is not complete, it will be put on hold. Please do not fax your application.**

We hope that this opportunity will lead you to an efficient heating source!

Thank you,

The CLEARCorps Team

P.S. Please keep in mind that this program is first-come first-served and funding for the program is not guaranteed. So, please submit your completed application in a timely manner.

CCD/DTE letter/owner occupant



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TEST AND TUNE-UP APPLICATION

A separate application must be completed for EACH address or unit.

PART ONE: CONTACT INFORMATION

Owner Occupant	
Name: _____	Owner of Property: Yes or No
Address: _____ Apt _____	
City: _____	Zip: _____
Phone: () _____	Alternate Phone: () _____
Email: _____	

PART TWO: OCCUPANT INFORMATION (please attach second page for more occupants)

Name	Receiving Medicaid Y/N	Gross Monthly Income	Age of Resident	Relationship to Primary Resident
				PRIMARY

*SEE REQUIRED INCOME DOCUMENTS ON ATTACHED CHECKLIST

I verify that the answers provided above are accurate to the best of my knowledge.		
_____ Owner Occupant Name	_____ Signature	_____ Date
_____ Landlord Name	_____ Signature	_____ Date

Which of following describes your unit Single Family ___ Duplex ___ Multi-Unit ___

Proof of income for everyone over age 18 included - Yes or No



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TEST AND TUNE REFERRAL

Address: _____ City: _____ Zip _____

Owner Occupant Name: _____ Phone: _____

DTE Account Holder: Yes or No

DTE Acct Number: _____

Year Built of House: _____ Housing Square Feet: _____

Central Air Conditioner - Yes or No Basement - Yes or No

Gas Hot Water Heater - Yes or No

Heating Source – Natural Gas Furnace: Yes or No Other: _____

Please keep in mind that the Furnace must be considered Natural Gas. All other units will not qualify you for this program.

Test & Tune-Up INCOME VERIFICATION CHECKLIST

Families must meet the income qualifications below: Area Median Income (AMI)

Person	Income Limit	Persons	Income Limit
1	\$23,540	5	\$56,820
2	\$31,860	6	\$65,140
3	\$40,180	7	\$73,460
4	\$48,500	8	\$81,780