



Refrigerator Replacement Application



Name: _____ Apartment Complex (if applicable): _____

Address: _____ Unit Number: _____ City: _____ Zip Code: _____

Phone Number: _____ Alternate Phone: _____ Email Address: _____

Name on DTE Account: _____ DTE Account Number: _____

12 Digit Number

Refrigerator Information

CCD Use Only—Year Refrigerator Built: _____

Brand of Current Refrigerator: _____ Refrigerator Measurements: Height: _____ in. Width: _____ in. Depth: _____ in.

Current Refrigerator Model #: _____ Current Refrigerator Serial #: _____

What size refrigerator will fit in your kitchen? 14 cubic ft. 16 cubic ft. (65 in. tall) 18 cubic ft. (67 in. tall) 20 cubic ft.

Is your fridge surrounded by cabinets? Yes No

Is the handle on the left or right? _____

If your fridge is double doors, you must choose which side you would prefer on your replacement refrigerator

Occupant & Income Information

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

Total household annual income: \$ _____ Number of Individuals in Household: _____

Type of Income you are Providing with Application (Do not include Food Stamps): 3 Most Current Pay Stubs Tax Forms

Unemployment Statement Disability Compensation Social Security Award Letter DHS Cash Assistance

Other Income: _____

Property Information

Number of Units: Single Duplex 4-Family Apartment

Central Air Condition- Yes No

Gas Hot Water Heater: Yes No

Heating Source: Furnace Boiler Pump

Basement: Yes No

Smallest doorway size: Height: _____ in. Width: _____ in.

For CCD Staff Use Only	
Year house built:	_____
Housing Sq. Ft.:	_____

TURN OVER TO SIGN & AGREE TO PROGRAM TERMS AND CONDITIONS

To contact CLEARCORPS Detroit:
11148 Harper Avenue, Detroit, MI 48213
Phone: (313) 924-4000 Fax: (313) 924-4003



TERMS AND CONDITIONS



By signing below, you agree to the following terms of the Refrigerator Replacement Program. In order to apply for this program, **you must currently have a qualifying refrigerator (Built before the year 2000).** You must own the refrigerator to qualify for this program. If you do not own the refrigerator, you must get this application signed off below by the owner.

You **must provide documentation of household income and front & back copy of your most recent DTE bill with your completed application.** Your DTE account must be in good standing (no shutoff notice nor avoid shutoff) and you must fall within the income qualifications (listed below). By signing this agreement you are attesting that your income is accurate as stated on the front side of this application.

The replacement refrigerators are standard white with the freezer on top. The replacement refrigerator size is based on the measurements you provide on this application. Your new refrigerator comes with a one year warranty. If your refrigerator stops working, contact 1 (877) 465-6937 to access the one year warranty. If you would like to purchase an extended warranty, please let us know and we will provide you with the proper information.

The replacement refrigerator will be delivered and your current refrigerator will be taken away during the same appointment. You must empty your current refrigerator before the new one is delivered. Lowes, who provides our refrigerators will make 3 attempts to contact you following your applications approval. After their 3rd attempt, they return your application to us. **We will be able to resend, but may require updated documentation.** Lowes uses a call center and their number is not from a local area code. Be alert for phone calls from non-local numbers. When your current refrigerator is moved, you may find floor damage. CLEARCorps Detroit, DTE, Lowes, and SEMHA are not responsible for floor damage.

Applicant Name: _____ **Date:** _____

Applicant Signature: _____

Refrigerator Owner's Name: _____ **Date:** _____

Refrigerator Owners Signature: _____

Survey

How did you hear about our program? Word of mouth Online Church/Community Group City of Detroit

Non-profit organization Other: _____

Would you like to get information about our other programs? Yes No

Can we contact you for help promoting this program? Yes No

Income Qualifications

Household Size	1	2	3	4	5	6	7	8
Maximum Annual Income	\$38,450	\$43,950	\$49,450	\$54,900	\$59,300	\$63,700	\$68,100	\$72,500