CLEARCorps Detroit is participating in DTE Energy's Energy Efficiency Assistance Program. Through this program, we may be able to make energy efficiency improvements to the homes of DTE Energy eligible customers and offer a variety of energy improvements at no cost to you.

**AVAILABLE HOME IMPROVEMENTS**

**Refrigerator Exchange:** Refrigerators manufactured before December 2013 or found inefficient based upon testing may be eligible for exchange and replacement with a new ENERGY STAR®-certified refrigerator.

**Furnace Repair or Replacement:** Technicians will perform a cleaning and tune-up of your natural gas furnace or boiler. If your furnace or boiler needs repair or is not energy efficient you may be eligible to receive additional repairs or have your furnace replaced with a high efficiency furnace.

**Water Heater Replacement:** An inspection of your water heater will occur to determine if it meets qualifications for replacement with an ENERGY STAR® rated power vented water heater.

**Other Eligible Improvements (quantities may be limited) may include:** Programmable thermostat, Wi-Fi programmable thermostat, LED light bulbs, kitchen and bathroom faucet aerators, showerhead, advanced power strip tier 1 for AV systems, insulation, pipe wrap, window replacement, air conditioner, dehumidifier

**APPLICATION REQUIREMENTS**

Applications are reviewed as they are received for program eligibility. Please submit all requested information and documents to avoid any delays in processing.

**PLEASE NOTE**

Your DTE Account must be in good standing.

Funding is limited and you may be placed on a wait list.

You will be notified of your eligibility and the status of your application after review.

Acceptance of your application is not a guarantee that you will qualify for program services.

Final determination is made after review of information and technician home visit recommendations.

**APPLICATIONS MUST INCLUDE**

1) Completed application
2) DTE Bill: Bill must be in name of someone residing in home. Submit copy of the front and back of your most recent bill
3) Income information/documentation for all household members (see application for acceptable documentation)

RETURN APPLICATIONS BY EMAIL, FAX, OR MAIL TO:
CLEARCorps Detroit 11148 Harper Avenue Detroit, MI 48213
Email: info@clearcorpsdetroit.org Phone: (313) 924-4000 Fax: (313) 924-4003
TIPS FOR FINDING REFRIGERATOR INFORMATION

Remember: You need model number, serial number, manufacturer name, and date of manufacture

Look for the model number and the serial number on the inside of your refrigerator. The information will be on a sticker or a plaque. First look on the inside left side of the refrigerator or at the bottom of the refrigerator in the front. It may be behind a drawer. If you are sure there is no model or serial number, or it is scratched off, please call our office for further assistance.

Your refrigerator may have “MFG date” or a “Manufactured On date”, (see sample). Please include this date. Not all labels list this information.

MEASURE size of refrigerator in inches HEIGHT and WIDTH

TIGHT FIT? If your refrigerator is in a tight space, please ALSO measure the opening to ensure that your new refrigerator will fit in the same space and make a note on your application.
2020 Income Qualification Form

Customer Information

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
<th>Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>Cell Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>ZIP:</th>
<th>Account Holder Name (if different than above):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Mailing Address (if different than above):</th>
<th>Relationship to Account Holder:</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>DTE Energy Natural Gas Account Number:</th>
<th>DTE Energy Electric Account Number:</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

- Own Home
- Buying Home
- Rental (provide rental information here)

Household Information

<table>
<thead>
<tr>
<th>Number of Adults (18 yrs or older), Including Applicant:</th>
<th>Number of Children (under 18 yrs of age):</th>
<th>Total Number in Household:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Number of Children Under Age 6:</th>
</tr>
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<tr>
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</tbody>
</table>

Qualifying Assistance Programs

Have you or any member of your household received assistance in the last 12 months from any of the following programs and can show documentation?

- [ ] DHS (Department of Human Services)
- [ ] SER (State Emergency Relief)
- [ ] SDA (State Disability Assistance)
- [ ] DTELSP (Low Income Self-Sufficiency Program)
- [ ] SSI (Supplemental Security Income)
- [ ] TANF (Temporary Assistance for Needy Families)
- [ ] WIC (Women, Infants, and Children)
- [ ] WAP (Weatherization Assistance Program)
- [ ] FAP (Food Assistance Program)
- [ ] THAW (The Heat and Warmth Fund)

Income Information FOR ALL HOUSEHOLD MEMBERS

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Source*</th>
<th>Amount</th>
<th>Payment Frequency (weekly, monthly, etc.)</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

*Sources of income may include: employment pay stubs, social security/SSI documents, unemployment letter/MARVIN statement, pension letter, DHS budget letter, child support documentation, etc

Provide documentation to the DTE Energy Specialist as it may be requested by DTE representatives

Certification

I, the applicant, certify the information provided above is complete, true and accurate to the best of my knowledge. I hereby grant DTE Energy permission to verify any and all information provided and, if determined eligible, to provide program services to my home.

Signature: ____________________________ Date: ____________________________

RETURN APPLICATIONS BY EMAIL, FAX, OR MAIL TO:
CLEARCorps Detroit 11148 Harper Avenue Detroit, MI 48213
Email: info@clearcorpsdetroit.org Phone: (313) 924-4000 Fax: (313) 924-4003
2020 Income Eligibility Checklist

☐ Household income is at or below 200% of the 2020 Federal Poverty Guidelines

☐ Household income meets the 2020 U.S. Department of Housing and Urban Development low income limit (at or below 80% of the area median income)

☐ Customer has been previously deemed eligible for any of these Michigan, federal, or nonprofit low-income Programs:
  - DTE Low Income Self-Sufficiency Plan
  - Michigan Low Income Home Energy Assistance
  - Michigan Food Assistance Program
  - Supplemental Security Income
  - State Emergency Relief Fund
  - Temporary Assistance for Needy
  - Families Weatherization Assistance
  - The Heat and Warmth Fund
  - Special Supplemental Nutrition Program for Women, Infants, and Children

For Organization Use:

☐ Completed Application Received ☐ Supporting Documents Reviewed

Name: ____________________________ Date: ____________________________

2020 Income Eligibility - 200% Federal Poverty Guidelines

<table>
<thead>
<tr>
<th>Household Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Income</td>
<td>$25,520</td>
<td>$34,480</td>
<td>$43,440</td>
<td>$52,400</td>
<td>$61,360</td>
<td>$70,320</td>
<td>$79,280</td>
<td>$88,240</td>
</tr>
</tbody>
</table>

Once we receive your completed Income Qualification Form, a representative will contact you within 6-8 weeks regarding your eligibility and the available benefits.

Availabilty may be limited and is on a first-come, first-served basis.

Income eligibility does not guarantee participation in the Energy Efficiency Assistance Program.
Energy Efficiency Assistance (EEA) Program Information Collection Form

Customer Information:

<table>
<thead>
<tr>
<th>First Name (DTE Account Holder)</th>
<th>Last Name (DTE Account Holder)</th>
<th>DTE Energy Natural Gas Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name if different from the DTE Account Holder</td>
<td>Relationship to DTE Account Holder</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>DTE Energy Electric Account Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
<th>Phone</th>
</tr>
</thead>
</table>

| Community Action Agency (CAA)/Nonprofit Organization (NPO) Name: CLEARCorps Detroit | CAA/NPO Phone: (313) 924-4000 |

House Information:

- Single Home
- Attached/Connected Housing
- Rental
- Condo
- Other Multifamily
- Account Holder is not the homeowner

Year Built | Approx. Above Grade Conditioned Sq. Ft. | + Basement | Yes | No | =Total Conditioned Sq. Ft. |
|-----------|---------------------------------------|------------|-----|----|---------------------------|

Source of House Information (ie. Public Records, Zillow, Direct measurements, etc.):

- Primary Heat Source Natural Gas
- Electric

Water Heater: Natural Gas
- Electric

Central Air Conditioning: Yes
- No

Primary Heat Equipment:

- Furnace
- Gas Boiler
- Heat Pump
- Air Source
- Dual-Fuel
- Ground Source
- Other

I need assistance with: Please describe issues and need

- Refrigerator Replacement
- Furnace
- Boiler (indicate type)
- Water Heater
- Insulation
- Windows
- Dehumidifier
- Air Conditioner
- LED Light Bulbs
- Other

RETURN APPLICATIONS BY EMAIL, FAX, OR MAIL TO: CLEARCorps Detroit 11148 Harper Avenue Detroit, MI 48213
Email: info@clearcorpsdetroit.org Phone: (313) 924-4000 Fax: (313) 924-4003
Energy Efficiency Assistance (EEA)

ENERGY STAR® Refrigerator Replacement Program Information Collection Form

**Refrigerator Replacement Information** *(Please complete Item #2)*

<table>
<thead>
<tr>
<th></th>
<th>Watt Hour Meter Reading</th>
<th>Elapsed Time (minutes)</th>
<th>Kilowatt Hours (kwh)</th>
<th>Peak Watts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|   | Date of Manufacture     | Month                  | Year                 |
|---|-------------------------|------------------------|----------------------|-----------|
| 2 | (must have been built prior to Dec 2013) |                        |                      |           |

<table>
<thead>
<tr>
<th></th>
<th>Savings-to-Investment Ratio</th>
<th>SIR</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>(per Weatherization Assistant, NEAT/MHEASIR greater than 1:1)</td>
<td></td>
</tr>
</tbody>
</table>

**New/Old Refrigerator Information:**

<table>
<thead>
<tr>
<th>New Refrigerator Information</th>
<th>Old Refrigerator Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make or Brand</td>
<td>Make or Brand</td>
</tr>
<tr>
<td>Model Number</td>
<td>Model Number</td>
</tr>
<tr>
<td>Serial Number</td>
<td>Serial Number</td>
</tr>
<tr>
<td>Date of Installation</td>
<td>Date of Installation</td>
</tr>
</tbody>
</table>

**Please complete information for OLD refrigerator**

**OLD Refrigerator:** When you look at your refrigerator, is the handle on the right or left?  LEFT ____ RIGHT ____

Is your refrigerator surrounded by cabinets?  YES ____ NO ____ If YES, what is the size of the opening?  HEIGHT _________ inches  WIDTH _________ inches

Measure the refrigerator you have now:  HEIGHT _________ inches  WIDTH _________ inches  Choose color of NEW Refrigerator:  Black ____ White ____

**PLEASE NOTE:** You must OWN your OLD refrigerator to qualify for this program. If your landlord owns the refrigerator you must have landlord approval.

- The replacement refrigerators will be white or black only with the freezer on the top.
- The size of the replacement refrigerator is based upon the measurements you have supplied in this application.
- Your new refrigerator comes with a one-year warranty. If you would like to purchase an extended warranty, please advise before delivery.  ☐
- The replacement refrigerator is delivered - your current refrigerator will be removed during the same appointment. You must empty your refrigerator before the new one is delivered. The delivery company will make three attempts to schedule your delivery appointment - after three attempts they will return your application to us. Applications returned to us may require updated information and experience delays for additional processing.
- By signing this agreement, you are attesting that your income is accurate as submitted and that ownership of your refrigerator is as stated below. Landlord signature below gives approval for tenant to turn in the current refrigerator for replacement in this program.

Applicant Name: _____________________________________________  I own my refrigerator: YES ____ NO ____

Applicant Signature: _________________________________________  Date: __________

Landlord Name if owner: _____________________________________  Landlord Signature if owner: _______________________________  Date: __________

RETURN APPLICATIONS BY EMAIL, FAX, OR MAIL TO: CLEARCorps Detroit 11148 Harper Avenue Detroit, MI 48213

Email: info@clearcorpsdetroit.org  Phone: (313) 924-4000  Fax: (313) 924-4003
Terms and Conditions

This application and any required documentation must be filled out completely, truthfully, and accurately by DTE account holder or authorizing party (either of which has signed this form and is hereafter referred to as “Customer”) must attest to the terms and conditions. Customer is advised to retain a copy of any accompanying documentation submitted to DTE/Southeastern Michigan Health Association/CLEARCorps Detroit under this program.

DTE/Southeastern Michigan Health Association/CLEARCorps Detroit reserves the right to perform quality inspections of any work completed under the program.

DTE/Southeastern Michigan Health Association/CLEARCorps Detroit may not be held responsible for the work of individual contractors.

ELIGIBILITY: DTE/Southeastern Michigan Health Association/CLEARCorps Detroit reserves the right to request documentation supporting income eligibility. Customer must be income-qualified with a residential account that is active and in good standing. Examples of income eligibility that may qualify an account holder are as follows: Clients at or below 200 percent of the FY 2020 Federal Poverty Guideline or the 2020 HUD Low Income Limit (at or below 80 percent AMI) or participants deemed eligible for any of the following: Michigan, federal, or nonprofit low income programs: LIHEAP, TANF, WAP, THAW, or VIC.

INFORMATION RELEASE: Customer agrees that DTE may include information that may include but is not limited to customer’s name, address, energy consumption data, DTE account number, DTE services, and resulting energy savings (“Information”) in a database hosted by DTE or a contractor of DTE, and such information may be included in reports or other documentation submitted by or to DTE, and/or the Michigan Public Service Commission or otherwise stored or used by DTE for its own internal business purposes.

RELEASE/INDEMNIFICATION: Customer shall not deem DTE/Southeastern Michigan Health Association/CLEARCorps Detroit or any of its affiliates, agents, or employees (“DTE Parties”) to be responsible for any work performed or products installed in connection herewith. Customer fully releases DTE/Southeastern Michigan Health Association/CLEARCorps Detroit Parties from any and all claims it may have against DTE/Southeastern Michigan Health Association/CLEARCorps Detroit Parties in connection with the work performed or products installed in connection with them. In addition, Customer agrees to defend, indemnify, and hold DTE/Southeastern Michigan Health Association/CLEARCorps Detroit Parties harmless from and against any and all claims, losses, demands, or lawsuits by any third parties acting in connection with any work performed or products installed in connection with them.

LIMITATION OF LIABILITY: IN NO EVENT WILL DTE BE LIABLE WHETHER IN CONTRACT, TORT (INCLUDING NEGLIGENCE), STRICT LIABILITY, WARRANTY, OR OTHERWISE FOR SPECIAL, INCIDENTAL, OR CONSEQUENTIAL DAMAGES CONNECTED WITH OR RESULTING FROM PARTICIPATION IN THE PROGRAM.

DISCLAIMER/WARRANTY: None of the DTE Parties/Southeastern Michigan Health Association/CLEARCorps Detroit guarantees the energy savings under this program nor makes any warranties associated with the measures or products installed under this program. DTE/Southeastern Michigan Health Association/CLEARCorps Detroit has no obligations regarding, and does not endorse, guarantee, or warrant any claims, promises, work, or equipment made, performed, or furnished by any contractor or equipment vendor that sells or installs any energy efficiency measure under this program. DTE/Southeastern Michigan Health Association/CLEARCorps Detroit makes no warranties or representations of any kind, whether statutory, expressed, implied, including without limitations, warranties of merchantability or fitness for a particular purpose regarding any product or service rendered by any person under this program. All such products and services shall be accepted by applicant “AS IS” with respect to DTE/Southeastern Michigan Health Association/CLEARCorps Detroit. In no event shall DTE/DTE Electric/DTE Gas/Southeastern Michigan Health Association/CLEARCorps Detroit implementation contractor be liable for any incidental or consequential damages. Contact the contractor that installed your equipment for details regarding equipment performance and warranties.

TAX LIABILITY: DTE/Southeastern Michigan Health Association/CLEARCorps Detroit will not be responsible for any tax liability that may result from the installation of equipment. Contact your tax advisor for more information.

PROPERTY RIGHTS: Customer represents that he/she has the right to complete and/or install the energy-saving measures on the property on which those measures are completed and/or installed and that any necessary landlord’s consent has been obtained.

Please initial and date to indicate your acceptance of these terms and conditions.

<table>
<thead>
<tr>
<th>Customer Initials</th>
<th>Date</th>
</tr>
</thead>
</table>