

## PROGRAM APPLICATION

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, advanced power strip tier 1 for AV systems, insulation, 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

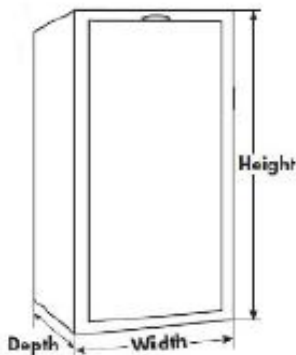
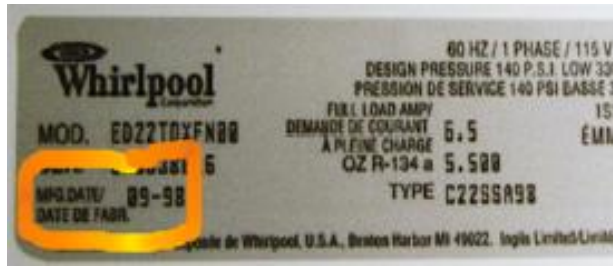
- 1) Completed application
- 2) DTE Bill: Bill must be in name of someone residing in home. Submit copy of the front and back of your most recent bill
- 3) Income information/documentation for all household members (see application for acceptable documentation)

## 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. *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

First Name:	Last Name:	Email Address:	
Street Address:		Cell Phone Number:	
City:	State:	ZIP:	Account Holder Name (if different than above):
Mailing Address (if different than above):		Relationship to Account Holder:	
<input type="checkbox"/> DTE Energy Natural Gas Account Number:		<input type="checkbox"/> DTE Energy Electric Account Number:	
<input type="checkbox"/> Own Home <input type="checkbox"/> Buying Home <input type="checkbox"/> Rental (provide rental information here)			

### Household Information

Number of Adults (18 yrs. or older), Including Applicant:	Number of Children (under 18yrs. of age): Number of Children Under Age 6:	Total Number in Household:
---	--	----------------------------

### 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?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> DHS (Department of Human Services)           | <input type="checkbox"/> SSI (Supplemental Security Income)                 | <input type="checkbox"/> WAP (Weatherization Assistance Program) |
| <input type="checkbox"/> SER (State Emergency Relief)                 | <input type="checkbox"/> TANF (Temporary Assistance for Needy Families)     | <input type="checkbox"/> FAP (Food Assistance Program)           |
| <input type="checkbox"/> SDA (State Disability Assistance)            | <input type="checkbox"/> WIC (Women, Infants, and Children)                 | <input type="checkbox"/> THAW (The Heat and Warmth Fund)         |
| <input type="checkbox"/> DTELSP (Low Income Self-Sufficiency Program) | <input type="checkbox"/> LIHEAP (Low Income Home Energy Assistance Program) |  |

### Income Information FOR ALL HOUSEHOLD MEMBERS

Household Member	Source*	Amount	Payment Frequency (weekly, monthly, etc.)	Annual

\*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. Total

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](mailto:info@clearcorpsdetroit.org) Phone: (313) 924-4000 Fax: (586) 261-6011

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:

<input type="checkbox"/> Completed Application Received	<input type="checkbox"/> Supporting Documents Reviewed
Name: _____	Date: _____

2020 Income Eligibility - 200% Federal Poverty Guidelines

Household Size	1	2	3	4	5	6	7	8
Annual Income	\$25,520	\$34,480	\$43,440	\$52,400	\$61,360	\$70,320	\$79,280	\$88,240

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

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

Income eligibility does not guarantee participation in the Energy Efficiency Assistance Program.



**RETURN APPLICATIONS BY EMAIL, FAX, OR MAIL TO:**  
 CLEARCorps Detroit 11148 Harper Avenue Detroit, MI 48213  
 Email: [info@clearcorpsdetroit.org](mailto:info@clearcorpsdetroit.org) Phone: (313) 924-4000 Fax: (586) 261-6011

Energy Efficiency Assistance (EEA) Program Information Collection Form

Customer Information:

First Name (DTE Account Holder)	Last Name (DTE Account Holder)	DTE Energy Natural Gas Account Number	
Applicant Name if different from the DTE Account Holder		Relationship to DTE Account Holder	
Address		DTE Energy Electric Account Number	
City	State	ZIP Code	Phone
Community Action Agency (CAA)/Nonprofit Organization (NPO) Name: CLEARCorps Detroit			CAA/NPO Phone: (313) 924-4000

House Information:

<input type="checkbox"/> Single Home	<input type="checkbox"/> Attached/Connected Housing	<input type="checkbox"/> Rental	
<input type="checkbox"/> Condo	<input type="checkbox"/> Other Multifamily	<input type="checkbox"/> Account Holder is not the homeowner	
Year Built	Approx. Above Grade Conditioned Sq. Ft.	+ Basement <input type="checkbox"/> Yes <input type="checkbox"/> No Conditioned Sq. Ft.	=Total Conditioned Sq. Ft.
Source of House Information (ie Public Records, Zillow, Direct measurements, etc):	Primary Heat Source Natural <input type="checkbox"/> Gas <input type="checkbox"/> Electric	Water Heater <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric	Central Air Conditioning <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Heat Equipment <input type="checkbox"/> Furnace <input type="checkbox"/> Gas Boiler <input type="checkbox"/> Heat Pump <input type="checkbox"/> Air Source <input type="checkbox"/> Dual-Fuel <input type="checkbox"/> Ground Source <input type="checkbox"/> Other _____			

I need assistance with:	Please describe issues and need
Refrigerator Replacement	
Furnace	
Boiler (indicate type)	
Water Heater	
Insulation	
LED Light Bulbs	
Dehumidifier	
Advanced Power Strip	
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: (586) 261-6011

Energy Efficiency Assistance (EEA)

ENERGY STAR® Refrigerator Replacement Program Information Collection Form

Refrigerator Replacement Information (Please complete Item #2)

1. <input type="checkbox"/> Watt Hour Meter Reading	Elapsed Time (minutes)	Kilowatt Hours (kwh)	Peak Watts
2. <input type="checkbox"/> Date of Manufacture (must have been built prior to Dec. 2013)	Month	Year	
3. <input type="checkbox"/> Savings-to-Investment Ratio (per Weatherization Assistant, NEAT/MHEASIR greater than 1:1)	SIR		

New/Old Refrigerator Information:

Please complete information for OLD refrigerator ONLY

New Refrigerator Information  <input type="checkbox"/> Top Freezer	Make or Brand	OLD Refrigerator Information <input type="checkbox"/> Top Freezer <input type="checkbox"/> Bottom Freezer <input type="checkbox"/> Side Freezer	Make or Brand
	Model Number		Model Number
	Serial Number		Serial Number
	Date of Installation		

**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.
- When 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 state below. Landlord signature below gives approval for tenant to turn in the current refrigerator for replacement in this program.

Applicant Name: \_\_\_\_\_  
 Applicant Signature: \_\_\_\_\_  
 Landlord Name if owner: \_\_\_\_\_

I own my refrigerator: YES \_\_\_\_ NO \_\_\_\_  
 Date: \_\_\_\_\_  
 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: (586) 261-6011

## 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, FAP, SSI, SER, TANF, WAP, THAW, or WIC.

**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, employees, or agents ("DTE Parties") to be responsible for any work completed 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, or 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.

Customer Initials

Date



**RETURN APPLICATIONS BY EMAIL, FAX, OR MAIL TO:**  
 CLEARCorps Detroit 11148 Harper Avenue Detroit, MI 48213  
 Email: [info@clearcorpsdetroit.org](mailto:info@clearcorpsdetroit.org) Phone: (313) 924-4000 Fax: (586) 261-6011