CLEARCorps Detroit is participating in DTE Energy's Energy Efficiency Assistance Program. We may be able to exchange your refrigerator manufactured before December 2013 with a NEW ENERGY STAR certified refrigerator.

**ARE YOU ELIGIBLE??**

If your Household income is at or below 200% of the 202 Federal Poverty Guidelines (see chart) or you receive any of the following services/benefits you may be eligible for the program.

<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>$25,760</td>
<td>$34,840</td>
<td>$43,920</td>
<td>$53,000</td>
<td>$62,080</td>
<td>$71,160</td>
<td>$80,240</td>
<td>$89,320</td>
</tr>
</tbody>
</table>

DHS (Department of Human Services)  
SSSI (Supplemental Security Income)  
SER (State Emergency Relief)  
TANF (Temporary Assistance for Needy Families)  
SDA (State Disability Assistance)  
WAP (Weatherization Assistance Program)  
DTE LSP (Low Income Self-Sufficiency Program)  
LIHEAP (Low Income Home Energy Assistance Program)  
FAP (Food Assistance Program)  
THAW (The Heat and Warmth Fund)

**OTHER IMPORTANT INFORMATION**

You must have active DTE electric service in your name or someone residing in household. Please include a copy of the front and back of your DTE bill with your application.

Availability is on a first-come, first-served basis.

If you do not have a refrigerator to exchange, we may still be able to help – please contact us for more information.

A representative will contact you to request any missing information/documentation.

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

**IS YOUR REFRIGERATOR ELIGIBLE?**

**TIPS FOR FINDING REFRIGERATOR INFORMATION**

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 or right 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.***

**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.

RETURN APPLICATIONS AND INCOME DOCUMENTATION

**BY MAIL, EMAIL, OR FAX TO:**

CLEARCorps Detroit 11148 Harper Avenue Detroit, MI 48213

Email: info@clearcorpsdetroit.org  Fax: (586) 261-6011  Phone: (313) 924-4000
2021 Income Qualification Form

Customer Information

First Name: ___________________________ Last Name: ___________________________
Email Address: _______________________
Cell Phone Number: ___________________

Street Address: _______________________
City: __________________ State: _______ ZIP: ___________

Account Holder Name (if different than above): ___________________________
Relationship to Account Holder: ___________________________

DTE Energy Natural Gas Account Number: ___________________________
DTE Energy Electric Account Number: ___________________________

Own Home ☐ Rental (provide rental information) ☐

Household Information

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

Qualifying Assistance Programs

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

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>
<td></td>
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</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 with your application.

Total

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: ___________________________

For Agency Use

☐ Completed Application Received   ☐ Supporting Documents Reviewed

Name: ___________________________ Date: ___________________________
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>
<tr>
<td>Address</td>
<td>DTE Energy Electric Account Number</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>ZIP Code</td>
</tr>
</tbody>
</table>

Community Action Agency (CAA)/Nonprofit Organization (NPO) Name: CLEARCorps Detroit

| CAA/NPO Phone: (313) 924-4000 |

House Information:

<table>
<thead>
<tr>
<th>Single Home</th>
<th>Attached/Connected Housing</th>
<th>Rental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condo</td>
<td>Other Multifamily</td>
<td>Account Holder is not the homeowner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year Built</th>
<th>Approx Above Grade Conditioned Sq Ft</th>
<th>+ Basement</th>
<th>Yes</th>
<th>No</th>
<th>Conditioned Sq Ft.</th>
<th>=Total Conditioned Sq Ft.</th>
<th>Central Air Conditioning</th>
</tr>
</thead>
</table>

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

Primary Heat Source Natural Gas Electric

Primary Heat Equipment Furnace Gas Boiler Heat Pump (Air Source Dual-Fuel Ground Source) Other

How did you hear about this program?

DTE Energy Website: YES NO
United Way: YES NO
Mailing: YES NO
Email: YES NO
Neighbor, Friend, or Relative: YES NO

CLEARCorps Detroit Website: YES NO
St. Vincent de Paul: YES NO
At an Event (please list): ________________________________
Neighborhood Organization (please list): __________________
Other: ________________________________
ENERGY STAR® Refrigerator Replacement Program Information Collection Form

Refrigerator Replacement Information (Please complete Item #2)

1 ☐ Watt Hour Meter Reading  Elapsed Time (minutes)  Kilowatt Hours (kwh)  Peak Watts  

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

3 ☐ Savings-to-Investment Ratio  (per Weatherization Assistant, NEAT/MHEASR greater than 1:1)  SIR  

New/Old Refrigerator Information:  Please complete information for OLD refrigerator ONLY

New Refrigerator Information

Top Freezer  Make or Brand  Model Number  Serial Number  Date of Installation  

OLD Refrigerator Information

Top Freezer  Make or Brand  Model Number  Serial Number  

Bottom Freezer

Side Freezer

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:  ____________________________  I own my own refrigerator:  YES ____  NO ____

Applicant Signature:  ____________________________  Date:  __________________

Landlord Name if Owner of Refrigerator:  ____________________________

Landlord Signature:  ____________________________  Date:  __________________
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 therewith. 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