

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 2021 Federal Poverty Guidelines (see chart) or you receive any of the following services/benefits you may be eligible for the program.

Household Size	1	2	3	4	5	6	7	8
Annual Income	\$25,760	\$34,840	\$43,920	\$53,000	\$62,080	\$71,160	\$80,240	\$89,320

- | | | |
|---|--|---|
| 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) |
| DTE LSP (Low Income Self-Sufficiency Program) | LIHEAP (Low Income Home Energy Assistance Program) | |

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:	
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"/> 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:
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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? Please submit documentation with application.

- | | | |
|---|--|---|
| 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) |
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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. 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:

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 Gas <input type="checkbox"/> Electric <input type="checkbox"/>	Water Heater <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/>	Central Air Conditioning Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary Heat Equipment <input type="checkbox"/> Furnace <input type="checkbox"/> Gas Boiler <input type="checkbox"/> Heat Pump <input type="checkbox"/> (Air Source Dual-Fuel Ground Source) <input type="checkbox"/> 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. <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: _____ 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 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