

CONSUMERS AFFORDABLE RESOURCE FOR ENERGY (CARE) PROGRAM

Bringing energy affordability
to Michigan



Welcome!

We're happy you're interested in applying for the Consumers Affordable Resource for Energy or CARE program. Through this program, Consumers Energy is helping qualified customers afford and better manage their monthly energy costs. CARE customers receive assistance with a past-due balance, monthly bill credits, and energy-efficiency tools to save even more.

If your household income meets the guidelines shown here:

Fill out the forms in this application packet and gather the supporting documentation. The packet contains a checklist that will help you prepare a *complete* application. Incomplete applications will take longer to process.

If you qualify to enroll in the CARE program, and stay current on your payments, you will receive a 40% credit on your monthly energy charges through September 2015, plus forgiveness of your past due balance (30% at enrollment + the remainder throughout the program year). You will also receive offers to help make your home more energy efficient!

Space in the CARE Program is limited, and spots will fill quickly. We encourage you to respond soon by submitting the enclosed application.

Sincerely,

CARE Program Team
Consumers Energy

CARE Program Eligibility Guidelines

Number of Household Members	Maximum Income (150% of poverty level)
1	\$17,505
2	\$23,595
3	\$29,685
4	\$35,775
5	\$41,865
6	\$47,955
7	\$54,045
8	\$60,135

APPLICATION SUBMISSION OPTIONS

Understand the key program dates		The enrollment period begins October 1, 2014 and will continue until spots are filled. Documents signed before October 1 will not be eligible.
1	Enroll in-person with a partner agency	Contact THAW at (866) 281-0031, tell the representative you are calling to enroll in the "Consumers Energy CARE program" and they will direct you to the nearest site.
2	Submit by mail	CARE Program; 607 Shelby St., Suite 400, Detroit MI 48226

CONSUMERS ENERGY CARE 2.0 PROGRAM ENROLLMENT APPLICATION



APPLICATION CHECKLIST

- ☐ Must be 18 years or older to apply
- ☐ Completed, signed and dated application (must sign bottom of pages 3 and 7)
- ☐ Copy of most recent Consumers Energy bill
- ☐ A copy of primary applicant's Social Security Card and a listing of Social Security numbers for all other members of the household (page 5)
- ☐ Readable identification for applicant only (copy of one of the following government issued photo IDs is required): Driver's license, state ID, passport, or U.S. Military ID
- ☐ Proof of all household income
 - See page titled "Acceptable Forms of Income"
 - Sources may include any of the following: Pay stubs, which must span four current weeks in a row within the past 60 days; employment letters/statements; unemployment letters/statements; Social Security and pension letters/statements; worker's compensation letter/statement; child support verification; Friend of the Court letters/statements or check stubs; divorce decree; check stubs/receipts; disability letters/statements; interest, annuity or dividend letters/statement; federal or state tax forms
- ☐ EASE survey (tier one with EASE survey completion guide) at the end of this packet

PLEASE INCLUDE
COPIES OF ALL
DOCUMENTS AND
DO NOT SUBMIT
ANY ORIGINAL
DOCUMENTATION.

Please understand that providing incomplete information within your submitted application packet will delay processing. CARE application packets may not be signed and dated before October 1st.

ACCEPTABLE FORMS OF INCOME

All income verification documentation MUST include:

- Employee or recipient name
- Employer or source name
- Pay date and/or pay period
- Gross (before taxes & deductions) amount of pay
- A summary of any income deductions

1. HOUSEHOLD WAGE OR BUSINESS INCOME (only one of the below):

- Paystubs: If paid weekly, must receive four paystubs in date order for one full month. If paid bi-weekly, must receive two paystubs in date order for one full month. **Must NOT be older than 60 days.**
- Print off from employer (must be for a full 30 days, must NOT be older than 60 days, and must be in a row)
- Letter from employer (must be for a full 30 days, must NOT be older than 60 days, must be on company letterhead and signed by an authorized supervisor)

2. OTHER/FIXED INCOME:

- SSI, Social Security, RSDI, SSDI, SDA and/or Pension
 - Social Security award letter must NOT be dated older than 60 days. If the award letter is dated older than 60 days, also send a copy of bank statement showing deposits from received benefits within the last 60 days (for your own security cross out the bank account number), tax return, copy of check, or DHS MI Bridges printout. Only one of the above required.
- Child Support
 - A printed summary from courts or website, or bank statement showing deposit from Friend of the Court (for your own security cross out the bank account number).
- Workers Compensation
 - Workers compensation award letter must NOT be dated older than 60 days. If the award letter is dated older than 60 days, also send a copy of bank statement showing workers compensation deposits within the last 60 days (for your own security cross out the bank account number).
- Unemployment
 - Current unemployment award letter must NOT be dated older than 60 days. If the award letter is dated older than 60 days, also send a copy of bank statement showing unemployment insurance deposits within the last 60 days (for your own security cross out the bank account number), or a printed summary from the unemployment insurance website or a printed summary from MI Bridges printout. Only one of the above required.
- Adoption Subsidy/Direct Care through the State of Michigan
 - Pay stubs or bank statement showing deposit from the state of Michigan (for your own security cross out the bank account number).
- Alimony or spousal support
 - Divorce agreement and bank statements or interest, annuities or dividends statements (for your own security cross out the bank account number). Only one of the above required.

3. SELF-EMPLOYMENT:

- Must complete attached self-employment affidavit (included in this packet)
- Federal or state tax forms
- Self-employment profit and loss statement

4. NO INCOME:

- If there is ZERO income for all members of the household, please enter that on the application and complete attached zero income affidavit (included in this packet)

BRINGING ENERGY AFFORDABILITY TO MICHIGAN



What you'll get...

A 40% discount on your bill until September 2015. For example, if your energy charges were \$100:

\$100 monthly energy usage

- **\$40** CARE credit

\$60 + any late or other non-energy charges

Access to an online survey tool about energy use, called EASE (Everyday Actions Save Energy) that provides a home report with easy tips on energy savings.

An invitation to have an Energy Expert visit your home for free through a program called Helping Neighbors. Depending on your home's condition, you may receive:

- Water heating and lighting measures
- A carbon monoxide test
- Air sealing
- A furnace tune-up
- Insulation

A friendly Agency Caseworker, who will help you better understand the CARE Program and is someone you can call if you have questions or need extra support.

- Name: _____
- Agency: _____
- Phone number: _____

If you cannot pay your bill by the due date, you will receive a courtesy past-due reminder call 11 days following the due date. This call is a warning that, unless payment is received within one week, you will be removed from CARE.

If you are removed from CARE, you can:

- Make payment arrangements on the past-due balance
- Enroll in the Winter Protection Plan (WPP)

What you'll do...

Make on-time monthly payments toward a more affordable bill

Complete the initial EASE survey with your caseworker and, if you wish, log in again on your own to take a second survey for more tips.

Talk about and set 3 energy saving goals with the Energy Expert. These are simple steps you can take around the house to use less energy and save even more on your bill.

While on CARE, understand that you cannot:

- Apply for the State Emergency Relief (SER) energy benefit from DHS for your Consumers Energy service
- Be on any other Consumers Energy payment plan at the same time as CARE
- Make payment arrangements on any past-due balance

If you are removed from CARE due to nonpayment, you cannot:

- Re-enroll in CARE this year
- Enroll in the Shut-Off Protection Plan (SPP) until October 2015
- Apply for the State Emergency Relief (SER) energy benefit from DHS for your Consumers Energy service until November 2015

I understand and agree to enroll in the CARE Program.

PRINTED NAME

SIGNATURE

DATE (MUST BE OCT. 1 OR LATER)



REQUIRED INFORMATION

PRIMARY ACCOUNT HOLDER INFORMATION

NAME OF CONSUMERS ENERGY ACCOUNT HOLDER (FIRST NAME, MIDDLE INITIAL, LAST NAME)				SOCIAL SECURITY NUMBER	
DATE OF BIRTH (MM/DD/YY)	CONSUMERS ENERGY ACCOUNT NUMBER			ACCOUNT FUEL TYPE: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Combination	
SERVICE ADDRESS	CITY	COUNTY	STATE	ZIP	
			MI		
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	COUNTY	STATE	ZIP	
			MI		
PRIMARY PHONE NUMBER		<input type="checkbox"/> Cell phone	<input type="checkbox"/> Permission to text updates		
SECONDARY PHONE NUMBER		<input type="checkbox"/> Cell phone	<input type="checkbox"/> Permission to text updates		
BEST CONTACT TIME:	<input type="checkbox"/> WEEKDAY:	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	
	<input type="checkbox"/> WEEKEND:	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	
EMAIL ADDRESS		GENDER	ETHNICITY		
		<input type="checkbox"/> M <input type="checkbox"/> F			
ARE YOU DISABLED?	ARE YOU A VETERAN?		IS ANY HOUSEHOLD MEMBER CURRENTLY PREGNANT?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

INTAKE QUESTIONNAIRE

Is the Consumers Energy account in your and/or your spouse's name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received State Emergency Relief (SER) for this Consumers Energy utility account from the Department of Human Services since October 1, 2014? <i>Receiving SER will not disqualify you from CARE re-enrollment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received utility assistance from any agency in the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own or rent your home?	<input type="checkbox"/> Own <input type="checkbox"/> Rent
REASON FOR ENERGY ASSISTANCE	
<input type="checkbox"/> Limited-income household <input type="checkbox"/> Job loss <input type="checkbox"/> Medical hardship <input type="checkbox"/> Other (explain): _____	

HOUSEHOLD INFORMATION

Customer to complete table. Total number of members, including the applicant, in the household: _____

RELATIONSHIP TO APPLICANT	FIRST NAME	MI	FULL LAST NAME	FULL SSN	DATE OF BIRTH	CHECK ALL THAT APPLIES
					/ /	<input type="checkbox"/> Disability <input type="checkbox"/> Veteran
					/ /	<input type="checkbox"/> Disability <input type="checkbox"/> Veteran
					/ /	<input type="checkbox"/> Disability <input type="checkbox"/> Veteran
					/ /	<input type="checkbox"/> Disability <input type="checkbox"/> Veteran
					/ /	<input type="checkbox"/> Disability <input type="checkbox"/> Veteran
					/ /	<input type="checkbox"/> Disability <input type="checkbox"/> Veteran
					/ /	<input type="checkbox"/> Disability <input type="checkbox"/> Veteran
					/ /	<input type="checkbox"/> Disability <input type="checkbox"/> Veteran
					/ /	<input type="checkbox"/> Disability <input type="checkbox"/> Veteran
					/ /	<input type="checkbox"/> Disability <input type="checkbox"/> Veteran

If you have more than 10 household members, please attach their information to this application.

HOUSEHOLD WAGE OR BUSINESS INCOME

Do any of the household members receive income?

No income: If no-one in your household receives income, you must complete the No Income Affidavit (P8) and return it in the envelope provided with your application.

☐ Yes ☐ No

Are you or another household member employed?

If yes, it is necessary to complete the income validation table below and include proof of income and return it in the envelope provided with your application. A full 30 days of paycheck stubs is required and these samples may not be dated more than 60 days from the date you sign on your CARE application.

☐ Yes ☐ No

Of the household members who are employed, are any self-employed?

If yes, each self-employed household member must complete the Self-Employed Affidavit (P7) and return in the envelope provided with your application.

☐ Yes ☐ No

FIRST & LAST NAME	EMPLOYER'S NAME	PAY FREQUENCY	GROSS EARNINGS (BEFORE TAXES)
		<input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Monthly <input type="checkbox"/> Temp or annual salary	\$
		<input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Monthly <input type="checkbox"/> Temp or annual salary	\$
		<input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Monthly <input type="checkbox"/> Temp or annual salary	\$
		<input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Monthly <input type="checkbox"/> Temp or annual salary	\$

OTHER HOUSEHOLD INCOME

Does anyone in your household receive any unearned income? If yes, it is necessary to complete the income validation table below and include proof of income and return it in the envelope provided with your application.

☐ Yes ☐ No

INCOME SOURCE CODES	1. Social Security benefits	6. Supplemental Security Income (SSI)	11. Disability benefits
	2. Pension/retirement benefits	7. Worker's compensation	12. Unemployment compensation
	3. Veteran's benefits	8. Child support (received)	13. Rental income
	4. Military allotments	9. Tribal payments	14. Other: _____
	5. DHS FIP cash assistance	10. Adoption subsidy	_____

FIRST & LAST NAME	INCOME SOURCE CODE	PAY FREQUENCY	AMOUNT RECEIVED
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

ELIGIBLE EXPENSES

Does your household pay any of the following expenses? If yes, check all that apply and attach proof.

☐ Yes ☐ No

FIRST & LAST NAME	EXPENSE	MONTHLY AMOUNT PAID
	<input type="checkbox"/> Health insurance premiums <input type="checkbox"/> Court-ordered child support (paid) <input type="checkbox"/> Out-of-pocket childcare costs (limited)	\$
	<input type="checkbox"/> Health insurance premiums <input type="checkbox"/> Court-ordered child support (paid) <input type="checkbox"/> Out-of-pocket childcare costs (limited)	\$
	<input type="checkbox"/> Health insurance premiums <input type="checkbox"/> Court-ordered child support (paid) <input type="checkbox"/> Out-of-pocket childcare costs (limited)	\$
	<input type="checkbox"/> Health insurance premiums <input type="checkbox"/> Court-ordered child support (paid) <input type="checkbox"/> Out-of-pocket childcare costs (limited)	\$
	<input type="checkbox"/> Health insurance premiums <input type="checkbox"/> Court-ordered child support (paid) <input type="checkbox"/> Out-of-pocket childcare costs (limited)	\$

PROGRAM TERMS, CONDITIONS & RELEASE OF INFORMATION

I affirm that this information is true and complete, that it is subject to verification, and if found fraudulent, I will not be eligible for the energy assistance from the CARE Program. I understand that Consumers Energy does not guarantee enrollment in this program.

I also agree to the following program terms and conditions in order to qualify for the CARE Program:

1. The Consumers Energy bill is in my name or my spouse’s name, and I must live at the address where the discount will be received.
2. I am not claimed as a dependent on another person’s income tax return other than my spouse.
3. I do not share an energy meter with another home.
4. I will renew my eligibility annually and/or notify Consumers Energy if my household is no longer eligible for the CARE discount.
5. I understand as part of the enrollment process I may be required to provide proof of qualifying household income for all occupants which, in some cases, may require providing IRS Tax Return Transcripts, recent check stub (dated no later than 60 days from my CARE application date), Wages (W-2); unemployment statements/ letters; social security statements/letters; pension statements/letters; workman’s compensation statements/ letters; alimony or spousal support statements/letters; disability statements/letters; interest, annuities, or dividends statements/letters; rental income receipts, DHS FIP payments.
6. I understand if any of the information provided above is found to be untrue, any CARE Program benefits may be withdrawn.
7. I will allow Consumers Energy to share my information with collaborating non-profits, state and federal agencies, for the sole purpose of facilitating CARE enrollment and participation.
8. As a condition of CARE enrollment I consent to being contacted by 2-1-1 of Michigan for future opportunities related to free tax preparation services.

SIGNATURE: _____

DATE: _____
(MUST BE OCT. 1 OR LATER)

SELF-EMPLOYMENT AFFIDAVIT

This affidavit is to be signed by any individual who is 18 years of age and over who claims on the application to be self-employed.

- I am self-employed in the business of: _____
- I have been self-employed in this manner since (MM/DD/YY): ____ / ____ / ____
- To the best of my knowledge, I expect to earn \$_____ in the upcoming 12 months.
- This estimated earnings is supported by:
 - ☐ 1040 Form & 1040 Schedule C ☐ Accountant's/bookkeeper's statement
 - ☐ Business receipts/check stubs ☐ Other: _____

If none of the above is available, please state the reason why:

I certify that the information contained in this affidavit is true and accurate to the best of my knowledge.

SIGNATURE: _____

DATE: _____
(MUST BE OCT. 1 OR LATER)



ZERO INCOME AFFIDAVIT

- Applicant name: _____
- Address: _____

I hereby certify that any person in my household does not receive income from any of the following sources:

- Wages from employment (including tips, commissions, bonuses, fees, etc.)
- Income from operation of a business
- Rental income from real or personal property
- Social security payments, pensions, annuities, retirement funds, insurance policies or death benefits
- Unemployment or disability payments
- Public assistance payments
- Periodic allowances such as alimony, child support or gifts received
- Sales from self-employment
- Any other source not named above

SIGNATURE: _____

DATE: _____
(MUST BE OCT. 1 OR LATER)





EASE TIER 1 SURVEY

Welcome to the Everyday Actions Save Energy (EASE) Survey. This short 8-question survey will scratch-the-surface of your home's energy use and provide you with a personalized home energy profile. Your home's energy profile is based on your answers and will help you keep your home comfortable and efficient.

FULL NAME _____

STREET ADDRESS _____ **CITY, STATE** _____ **ZIP** _____

Please answer all questions. If you're unsure, we ask that you make your best guess.

PART 1: HEATING, VENTILATION & AIR CONDITIONING (HVAC) SYSTEM IN YOUR HOME

1. What type of heating system do you have?

- | | |
|---|--|
| <input type="checkbox"/> Electric baseboard or wall heaters | <input type="checkbox"/> Propane/LP gas furnace (deliverable fuel) |
| <input type="checkbox"/> Gas furnace (forced air) | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Gas boiler (radiators/steam pipes) | |

2. When was your heating system installed?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Before 1985 | <input type="checkbox"/> 1995-1999 |
| <input type="checkbox"/> 1985-1989 | <input type="checkbox"/> 2000 or newer |
| <input type="checkbox"/> 1990-1994 | |

3. What kind of air conditioning system do you have?

- | | |
|--|---|
| <input type="checkbox"/> Central electric A/C | <input type="checkbox"/> Other (Please specify) _____ |
| <input type="checkbox"/> Electric window or wall units | <input type="checkbox"/> None (Please skip to question 5) |
| <input type="checkbox"/> Central gas A/C | |

4. When was your air conditioning system installed?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Before 1985 | <input type="checkbox"/> 1995-1999 |
| <input type="checkbox"/> 1985-1989 | <input type="checkbox"/> 2000 or newer |
| <input type="checkbox"/> 1990-1994 | |

PART 2: HOUSEHOLD MEMBERS

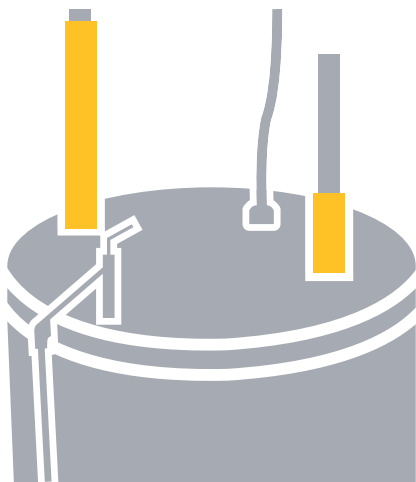
5. How many people live in your household on a full-time basis?

Number of residents _____

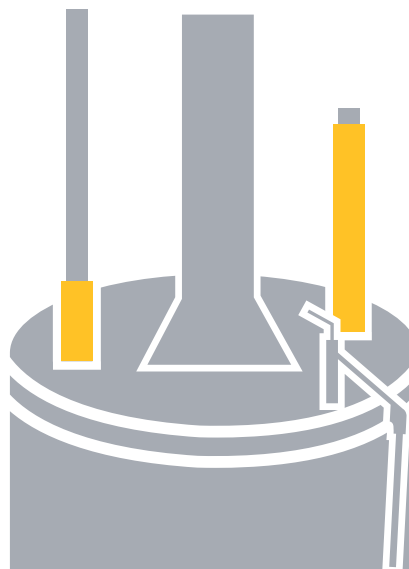
PART 3: WATER HEATING SYSTEM IN YOUR HOME

6. What kind of water heater do you have?

- ☐ Electric
- ☐ Gas
- ☐ Propane
- ☐ Other (Please specify) _____



Electric water heater is plugged into an outlet



Natural gas or propane water heater is vented

PART 4: SIZE AND AGE OF YOUR HOME

7. How big is your home?

- ☐ Less than 1,000 sq. ft. (average small apartment)
- ☐ 1,000-1,499 sq. ft. (average large apartment or ranch-style home)
- ☐ 1,500-1,999 sq. ft. (average two-story home)
- ☐ 2,000-2,499 sq. ft. or larger (average two-bedroom home with finished basement)

8. How old is your home?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Before 1950 | <input type="checkbox"/> 1980-1989 |
| <input type="checkbox"/> 1950-1959 | <input type="checkbox"/> 1990-1999 |
| <input type="checkbox"/> 1960-1969 | <input type="checkbox"/> 2000 or newer |
| <input type="checkbox"/> 1970-1979 | |

Thank you for completing the EASE survey.