

LOW INCOME SELF-SUFFICIENCY PLAN (LSP)



AN AFFORDABLE MONTHLY PAYMENT PLAN

- Enroll in DTE Energy’s LSP plan.
- Once enrolled you will pay a fixed monthly amount for your utilities, and **the program will pay** the difference between the plan amount and your monthly bill.
- Other program benefits include access to dedicated Customer Advocates, self-sufficiency supports, protection from shutoff, no future late payment charges and the reduction of your outstanding balance.
- Any three missed payments during the year will result in plan termination.
- To qualify, income must be equal to or less than 150 percent of the Federal Poverty Level (FPL) Guidelines (see chart below).
 - ~ You must not have used more than \$2,150 in natural gas in the prior 12 months, \$1,600 in electricity or \$3,750 in both natural gas and electricity.
 - ~ Applicant must have an active service and no unauthorized usage.
 - ~ Arrears must not exceed \$4,000.
- If you have access to the internet, web application submissions are preferred for faster eligibility determination; apply online at <https://lspapp.liveunitedsem.org>

HOW TO APPLY:

- Fill out paper application or Web application
- Paper applications can be mailed to United Way for Southeastern Michigan (starting with page 3)

Mailbox: UWSEM LSP
535 Griswold Street, Ste 111-610
Detroit, MI 48226

No walk-in applications accepted at above address

Need help completing this form?
Call: **844.598.7967** (Mon - Fri, 9 a.m. - 5 p.m.)
or visit LiveUnitedSEM.org/LSP

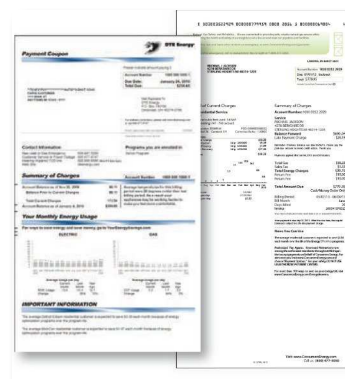
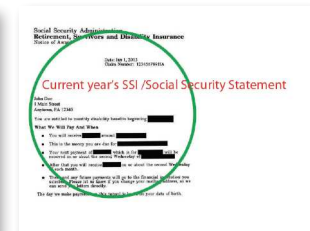
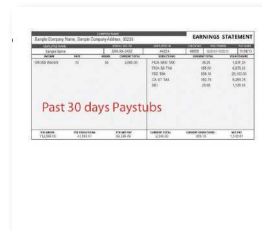
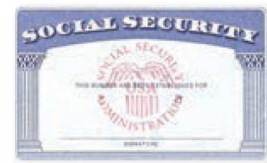
FAMILY SIZE	MAXIMUM MONTHLY HOUSEHOLD INCOME (150% POVERTY LEVEL)
1	\$1,508
2	\$2,030
3	\$2,553
4	\$3,075
5	\$3,598
6	\$4,120
7	\$4,643
8	\$5,165

*For each additional household member over 8 add \$522.50

PLEASE ALLOW 10 DAYS FOR APPLICATION PROCESSING

APPLICATION CHECKLIST

- Must be 18 years or older to apply
- All pages of the application must be completed & returned to United Way for Southeastern Michigan.
- Application must be signed and dated by the DTE Energy account holder.
- Account holder must provide valid copies of their ID and Social Security Card.
- Address on ID must match the service address of the account. If not, you must provide another document validating the address for the account holder/applicant.
- Include all household members **date of birth and full social security numbers**.
- Proof of all household income**, the previous 30 days of check stubs, child support, unemployment, cash assistance, (FIP), adoption subsidy/direct care, worker's compensation, alimony, interest annuities or dividends, self-employment
- Include a copy of your utility bill that you are seeking assistance for.



Any incomplete applications will delay the 10-day processing period.

MEAP Application

I hereby make application for the Michigan Energy Assistance Program (MEAP). I understand that there may be a delay in processing if there is missing information. The MEAP crisis season runs from November 1 through May 31 therefore emergency assistance may not be available June 1 through October 31.

Household Information

Attach extra pages if you need to include additional members. List *everyone* who lives in your home, including adults and children temporarily absent due to illness or employment. People are considered members of your household if they sleep and keep their belongings in your home. Be sure to include the date of birth and citizenship status for each member.

Name	Relationship to You SELF	Social Security Number	Disabled? <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth	Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N	Veteran? <input type="checkbox"/> Y <input type="checkbox"/> N
Name	Relationship to You	Social Security Number	Disabled? <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth	Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N	Veteran? <input type="checkbox"/> Y <input type="checkbox"/> N
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Household Address (Service Address)

Address (Numbers & Street Name, Apt., etc.)		City
State	County	Zip Code

Mailing Address, if different than above

Address (Numbers & Street Name, Apt., etc.)		City
State	County	Zip Code

Additional Information Needed

Is anyone in the household: pregnant? 18 years old and in high school?	<input type="checkbox"/> Pregnant <input type="checkbox"/> 18 yrs/high school <input type="checkbox"/> No
Home Heating Credit (HHC): Have you applied for or received the HHC (Energy Draft) in the last 6 months?	<input type="checkbox"/> Yes, month received _____ <input type="checkbox"/> No
Have you or do you currently receive benefits from Department of Health and Human Services (DHHS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received energy assistance from another agency or through a provider-sponsored program since October 1?	<input type="checkbox"/> Yes, who was the provider(s): _____ <input type="checkbox"/> No

How do you heat your home? Natural Gas Propane Wood No heat Obligation
 (Select One) Fuel Oil Electric Heat* Coal Other: _____

*Electric heat sources include solar panel, boilers, radiators, or baseboard heating, but DO NOT include space heaters

Emergency Need: Check the service(s) that you are requesting and the amount needed to resolve the emergency for 30 days.

<input type="checkbox"/>	Household Heating \$ _____ If this is a prepaid account, amount in the account \$ _____ *If deliverable fuel, percentage remaining in tank _____%
<input type="checkbox"/>	Electricity (non-heating) \$ _____ If this is a prepaid account, amount in account \$ _____

*Payment for deliverable fuel will not be made if, at the time of delivery, it is confirmed that you have more than 25 percent of fuel remaining in your tank.

Electric (non-heat) Provider Information

Name and address of company/energy provider	Account number
Service Address	Name on account
Has your electricity been turned off?	<input type="checkbox"/> Yes, Date service was turned off: _____ <input type="checkbox"/> No
Have you received a past due or shut off notice for your electricity?	<input type="checkbox"/> Yes, when is service scheduled to be turned off: _____ <input type="checkbox"/> No

Household Heating Provider Information

Name and address of company/energy provider	Account number
Service Address	Name on account
Has your heat been turned off or have you run out of your only heating fuel source?	<input type="checkbox"/> Yes, Date heat was turned off or fuel ran out: _____ <input type="checkbox"/> No
Have you received a past due or shut off notice for your heat or are you at risk of running out of your household heating fuel?	<input type="checkbox"/> Yes, number of days until fuel runs out or date service is scheduled to be shut off: _____ <input type="checkbox"/> No

Household Income

Does your household have any income?	<input type="checkbox"/> Yes, Total monthly Income \$ _____ <input type="checkbox"/> No
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Please check **all** sources of income that your household expects to receive in the next 30 days

<input type="checkbox"/> Social Security	<input type="checkbox"/> Disability Benefits	<input type="checkbox"/> Employment/earned income
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Self-employment Income	<input type="checkbox"/> Worker's Compensation
<input type="checkbox"/> Pension/retirement benefits	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Money from family/friends
<input type="checkbox"/> Veteran's Benefits/Military Allotments	<input type="checkbox"/> Child Support	<input type="checkbox"/> Other (ex: lottery winnings) please list: _____

Tribal payments (Energy Assistance/LIHEAP, tribal GA, casino/gambling profit sharing, land claims, etc.)

Rental income or a land contract, mortgage or other payment payable to a household member

Person with income	Type of income (if employed name of employer)	Gross monthly Income (Amount before taxes and expenses)	How often received? (Weekly, biweekly, monthly, etc.)

Have there been any changes or do you expect a change in your household income in the next 30 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Please briefly explain below:
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Income Expenses

Check all expenses that apply to your household and the following information. Attach proof for each.			
<input type="checkbox"/> Health insurance premium	Amount \$	How often paid?	Covers what time period?
<input type="checkbox"/> Court ordered child support	Amount \$	How often paid?	Covers what time period?
<input type="checkbox"/> Actual child care costs paid by an employed household member, not DHHS	Amount \$		
<input type="checkbox"/> Unusual employment related expenses	Amount \$	Explain Expense	

Signature Requirement

Please sign below after reading the following information, otherwise this application will be considered incomplete

- By requesting assistance through MEAP, you may be referred to, or required to, participate in additional services such as budgeting assistance, energy audits, or other programs that will help your household pay energy bills and understand energy consumption.
- I understand I have eight calendar days to provide all verifications requested and failure to provide the above information may result in denial of my application.** I understand giving false information can result in referral to the prosecutor for fraud. I understand that my application may be one of those chose for a complete investigation. An agency or department representative may call at my home and may contact other people in order to verify my eligibility for assistance.
- I authorize my energy company to release by phone, fax, email or their computer website all available information about my account.
- I authorize the assisting agency or provider to release my name and address to the local weatherization operator as part of the Weatherization Referral system. I authorize the department to release case and payment information to the Department of Health and Human Services, its affiliates and/or contracted agencies, for the purpose of research, study and evaluation of the Low Income Home Energy Assistance Program (LIHEAP) and the Michigan Energy Assistance Program (MEAP).
- I authorize United Way for Southeastern Michigan to share the information contained in this application with agencies that can provide additional energy assistance and services, and I grant authorization to those agencies to share information back to United Way for Southeastern Michigan.
- UNDER PENALTIES OF PERJURY, I SWEAR OR AFFIRM THAT THIS APPLICATION HAS BEEN EXAMINED BY OR READ TO ME. IF I AM A THIRD PARTY APPLYING ON BEHALF OF ANOTHER PERSON, I SWEAR THAT THIS APPLICATION HAS BEEN EXAMINED BY OR READ TO THE APPLICANT. TO THE BEST OF MY KNOWLEDGE, THE FACTS ARE TRUE AND COMPLETE.**

Signature of applicant or head of household	Date	Signature of spouse	Date
Address (Numbers & Street Name, Apt. etc.)		Signature of agency representative	Date
Current phone number		Identification of applicant or authorized representative	

Request for Review

If you believe any action of the agency is incorrect, or if the decision to approve or deny your application is not made within 10 (ten) days of the application date, you have the right to request a hearing. A request for a hearing must be in writing, signed by you or your authorized representative, and received by the agency making the eligibility determination within 90 days following the date of this form.

In addition to utility assistance, United Way can also provide LSP customers with additional services and resources to help meet their basic needs. Your answers to the questions below WILL help us direct you to additional services that may benefit you and your household. Your answers to these questions WILL NOT influence your eligibility for utility payment assistance in any way.

SUPPLEMENTAL APPLICATION QUESTIONS

1. **United Way can offer LSP customers the following services and resources. Please select all options which you would be willing and able to participate in.**
- I would like to participate in a Facebook group with other LSP customers, where I can share and receive information about resources in my community
 - I am interested in receiving one-on-one financial coaching and community referrals from a LSP Care Coordinator over the phone
 - I would like to be referred to my local Community Action Agency for in-person services and resources
 - I am interested in receiving services through the Family Independence Initiative, by meeting with peers in-person and online on a regular basis to work towards my goals
 - I will call United Way's 2-1-1 hotline if I need anything
2. Email address: _____

I authorize United Way for Southeastern Michigan (UWSEM) to send text messages to my cell phone to convey information regarding additional services.

- Yes
 - No
3. **If your household has no income, are you able to make the monthly fixed payment required for enrollment at LSP?**
- Yes. Please explain. _____
 - No. Please refer me to other programs.
 - Not applicable. My household has income.
4. **What language do you most often speak?**
- English
 - Spanish
 - Arabic
 - Other _____

HOUSEHOLD INCOME

5. **Does your household's monthly income cover your basic needs other than electric and gas utilities? (including SSI, disability, and other forms of government or family assistance)**
- Almost Always True
 - Sometimes True
 - Rarely True
 - Don't Know
6. **My household has the ability to set aside a portion of my income on a monthly basis?)**
- Almost Always True
 - Sometimes True
 - Rarely True
 - Don't Know

HOUSING STATUS

7. **Does your household need assistance to be able to *stay in* your current housing OR to *find and maintain other, safer, or more stable* housing?**
- Yes
 - No
 - Don't Know
8. **Are you able to stay in your current housing for the near future?**
- Yes
 - No
 - Don't Know

FOOD AVAILABILITY

9. **Is your household currently able meet its basic food needs?** That is, are the members of your household able to purchase and prepare adequate amounts of healthy food?
- Almost Always True
 - Sometimes True
 - Rarely True
 - Don't Know
10. **If you have children in your household, do they receive free or reduced price lunch at school?**
- Yes
 - No
 - Don't Know
 - No Children in the Household
11. **Can any members in your household easily walk, drive, or take the bus to your local grocery store/food pantry?**
- Yes
 - No

TRANSPORTATION

12. **Is your household able to meet your basic travel needs?** Basic travel needs include the ability to get to work, school, appointments, religious services, and grocery shopping.
- Almost Always True
 - Sometimes True
 - Rarely True
 - Don't Know
13. **If you, or someone in your household, uses a car, is it insured?**
- Yes
 - No

EMPLOYMENT

14. **Which of the following categories best describes your employment status?**
- Employed, working 40 or more hours per week
 - Employed, working 1-39 hours per week
 - Not employed, looking for work
 - Not employed, not looking for work
 - Retired
 - Disabled, not able to work

15. **If you are currently employed, does your job provide you with benefits?**

- Yes
- No
- Don't Know

CHILD CARE

16. **Does your household have child care available when needed?**

- Almost Always True
- Sometimes True
- Rarely True
- No Children in the household
- Don't know

17. **Is your household able to cover the costs for the child care available?**

- Almost Always true
- Sometimes True
- Rarely True
- No Children in the household
- Don't know

HEALTHCARE COVERAGE

18. **Are members in your household able to get adequate medical care when needed?**

- Almost Always True
- Sometimes True
- Rarely True
- Don't Know

19. **Are members in your household covered by an affordable health insurance plan(s)?**

- Almost Always True
- Sometimes True
- Rarely True
- Don't Know

EDUCATION

20. **Does anyone in your household need to obtain a GED (a general equivalency diploma)?**

- Yes
- No
- Don't Know

21. **Is anyone in your household interested in a job training or certification program?**

- Yes
- No
- Don't Know

22. **Is anyone in your household interested in receiving English as Second Language (ESL) programming?**

- Yes
- No
- Don't Know