

United Way of South Central Michigan

Applicant Information: This should be information about the account holder or spouse ONLY

*If you chose N (No) for having household income, please ensure you fill out **Section 3**

Attach extra pages if you need to include additional household 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.

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 received Energy assistance from another agency or through a provider sponsored program since October 1?	<input type="checkbox"/> Yes, who was the provider? _____ <input type="checkbox"/> No

MEAP Energy Security Plan Application

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

What is the total amount owed on your bill at this time? \$ _____

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

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

Section 3 – Utility Information

Electric (non-heat) Provider Information

Name and address of company / energy provider	Account number
Service address	Name on account

Household Heating Provider Information

Name and address of company / energy provider	Account number
Service address	Name on account

Section 4 – Affordable Payment Plan

My energy provider is one of the following: Consumers Energy, DTE Energy, Great Lakes Energy, SEMCO Energy, or UPPCO ☐ Yes ☐ No

Please check one

- ☐ I agree to the terms and conditions of the affordable Payment Plan offered by my energy provider and have received a list of the terms and conditions of this plan.
- ☐ I do not want to enroll in an affordable payment plan to receive monthly assistance with my energy bill.

Signature of applicant or head of household	Date
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MEAP Energy Security Plan Application

*Required for your completed application

Monthly Budget:

Please complete this entire worksheet. You must include ALL Income and expenses

Name _____ Account _____

Monthly Income:	Current:
Gross Employment Wages	\$ _____
Self- Employment	\$ _____
Unemployment Income	\$ _____
Child Support/Alimony	\$ _____
Pension/Annuity	\$ _____
Retirement	\$ _____
Foster Care/Adoption Subsidy	\$ _____
Social Security (Disability - SSD)	\$ _____
Social Security (Supplemental- SSI)	\$ _____
Worker's Compensation	\$ _____
Veteran's Benefits	\$ _____
Support from Family/Friends	\$ _____
Other income (Please Specify):	\$ _____

Government Benefits:

TANF/FIP	\$ _____
Food Stamps/WIC	\$ _____
Housing Assistance	\$ _____
Medical Assistance	\$ _____
Childcare Assistance	\$ _____
Other Benefits (Please Specify):	\$ _____

TOTAL INCOME: \$ _____

Monthly Expenses:	Current:
Rent/Mortgage	\$ _____
Rent/Home insurance (if NOT in monthly payment)	\$ _____
Property Tax (if NOT included in monthly payment)	\$ _____
Gas/Heating	\$ _____
Electric Service	\$ _____
Water Bill	\$ _____
Child Care	\$ _____
Groceries (Food Stamps/WIC)	\$ _____
Vehicle Pmt	\$ _____
Vehicle Insurance	\$ _____
Transportation (gas, bus, taxi, ride share cost)	\$ _____
Health/Prescription Insurance Cost	\$ _____
Medical Bills	\$ _____
Student Loans	\$ _____
Credit cards (List) _____, _____, _____	\$ _____
Cable/Internet (Provider: _____)	\$ _____
Phone (Provider: _____)	\$ _____
Check Cashing fees/Payday Loans	\$ _____

Child Support (Paid)	\$ _____	Total Income	\$ _____
Other expense (Please specify)	\$ _____	(-) Total Expenses	\$ _____
TOTAL EXPENSES:	\$ _____	Net Income (Loss)	\$ _____

MEAP Energy Security Plan Application

Signature Requirement

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

•	As part of the MEAP agreement, I understand that I 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. Participation in the activities outlined in this plan/agreement are required in order to receive any additional energy assistance benefits.
•	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 my energy company to release by phone, fax, email or their computer web site all available information about my account.
•	I will allow MEAP providers to share my information for the sole purpose of facilitating enrollment into an alternative or additional MEAP-funded program.
•	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
Signature of agency representative		Date	

You can return you application to us using any of the following methods:

Mail to:

United Way of South Central Michigan
Program Assistance Center
P.O. Box 987
Jackson, MI 49204-0987

Email to: PAC@UWEnergyHelp.org

Fax to: 517-539-8001

Text to: 989-272-1792

CARE Modified Budget Terms and Conditions

CARE Modified Budget (CARE MB) is an affordable payment plan for income qualified households. CARE MB allows customers to make affordable monthly payments based on their consumption history, with a portion of their energy bill being paid with energy assistance funds.

1. Federal and State Eligibility Criteria:

- Customer must be an active residential Consumers Energy account holder (electric and/or natural gas) or the domestic partner of an account holder.
 - CARE MB enrollment in conjunction with a State Emergency Relief (SER) can be used for customers to establish service in their name.
- Customer must NOT have unaddressed theft/fraud on the account. If theft or fraud is identified while on the program, the participant may be removed.
- Customer must have household income under 150% Federal Poverty Level (FPL).
 - Income validated by receiving SER assistance.

2. Program Benefits:

- 24 months of affordable monthly payments.
- Past due balance is frozen in a CARE MB Installment Plan (IP) at the time of enrollment and will be paid off over time, up to \$3,000, as long as the customer is actively enrolled in CARE MB.
 - Payments up to \$600, as needed, are made at enrollment, up to an additional \$600, as needed, at the 12-month mark and a final payment, if needed, up to \$1,800.
 - The monthly CARE MB credit is only applied towards energy charges. Non-energy charges (e.g. Appliance Service Plan) are still your responsibility in addition to your monthly CARE bill.
- The electric and/or natural gas services are protected from shutoff and no late payment charges while enrolled in the plan.

3. Moving while enrolled in CARE MB :

- No deposit or reconnect fees.
- Notify Consumers Energy at 800-477-5050.
- No need to reapply for CARE if new service is established within 30 days.
- CARE payment amount may change based on energy use history at new address.

If you have any questions or concerns, please do not hesitate to contact your enrolling agency.

If you have a CARE MB BILLING questions, please contact 800-477-5050.

CARE MB is an easy way to manage your monthly energy bills. Once enrolled, all you have to do is pay your bill on time each month!



DTE's LSP Terms and Conditions 2024- 2025

LSP is an affordable payment plan for income qualified households. LSP allows customers to make affordable monthly payments based on their consumption history, with a portion of their current energy bill being paid with energy assistance funds. The program was modified in October 2024.

Federal and State Eligibility Criteria

- Customer must be approved for State Emergency Relief after Oct 1, 2024.
- A customer's income must be equal to or less than the 150% Poverty Level Guidelines (FPL).
- Customer must NOT have unaddressed theft/fraud on the account. If theft or fraud is identified while on the program, the participant may be removed.

Program Benefits

- The customer has 24 months of affordable monthly payments.
- The customer is protected from shutoff while enrolled in the plan.
- The past due balance on the account is frozen at the time of enrollment in LSP and will be paid off over time, up to \$3,000, as long as the customer is actively enrolled in LSP.
 - Payments up to \$600, as needed, are made 30 days after enrollment. After 1 year in the program, an additional payment up to \$600 is made. If necessary, a final payment of up to \$1,800 will be paid at completion of the program at 24 months.
- Every six months, DTE reviews the customer's energy usage to make sure their monthly payment is still accurate, which may cause the monthly payment to fluctuate. This helps us to ensure that the customer is appropriately paying down their account balance and makes the end of year settlement as low as possible.
- During the 12-month review, if the customer used less energy than we estimated, they will receive a credit on their next bill. If they used more energy than we estimated, they will be encouraged to reduce their energy usage. We will cover the extra energy they used during the first 12 months.



- During the 24-month review, at the end of the program, if the customer used less energy than we estimated, they will receive a credit on your next bill. If they used more energy than we estimated in the final 12 months of the program, they will be required to pay for that energy to successfully complete the program.
- The monthly LSP gap credits are only applied towards energy charges. Non-energy charges (e.g., Home Protection Plan) are still the customer's responsibility in addition to their monthly LSP bill.
- A dedicated team of DTE Customer Advocates are available to assist LSP customers.

Enrollment Process

- Advise customer to apply for an SER before applying for LSP.
- Customers must maintain active service to qualify.
- The customers who were new enrollees in the 2023- 2024 program will continue to participate in the plan by making monthly plan payments.

Payment Plan Amounts

Payment plan amounts are based on average monthly usage and reduced by a fixed amount to ensure LSPM is more affordable than paying for your normal usage.

LSP Hotline 1-800-317-9073



2025 Monthly Assistance Program (MAP) Terms & Conditions

PROGRAM REQUIREMENTS

- Make on-time budget payments
 - Budget amount and due date displayed on bill once enrolled
- Default from the program after falling two budget payments behind
- When relocating, notify SEMCO to have MAP enrollment processed at new address
- Budget amount may be adjusted based on usage or if relocating to a new address

BENEFITS

- Each month enrolled in the program a credit may be applied to the account
- 24 month program
- Gas service is protected from shutoff
- No late fees
- If one monthly payment is missed, enrollment can continue by making up the payment in the following month
- Eligible gas balance may be paid upon enrollment

ELIGIBILITY REQUIREMENTS

- SER approval from MDHHS after October 1
- Household income must be less than 150% Federal Poverty Level (FPL)
- Residential customer
 - Primary address only, if customer has multiple accounts
- No theft or fraud on the account
- If service is not active, must establish service to enroll and remain active for at least 30 days

MAP CREDIT AMOUNTS

Poverty Level	Average Budget Reduction Amount
0% - 75%	Reduced by \$50 (on average)
76% - 110%	Reduced by \$43 (on average)
111% - 150%	Reduced by \$36 (on average)



Upper Peninsula Power Company
1002 Harbor Hills Drive
Marquette, MI 49855
www.UPPCO.com

Energy Assistance, Self-sufficiency & Education (“EASE”) Terms and Conditions

Upper Peninsula Power Company (“UPPCO”) is offering its Energy Assistance, Self-sufficiency & Education (“EASE”) program, also known as “EASE”, to help low-income customers move to self-sufficiency by linking affordable monthly payments with a credit incentive for on-time payments. Under the program, monthly payments will be established that help customers plan and budget for their energy bills reducing the potential for disconnections.

PROGRAM REQUIREMENTS:

1. Federal and State Eligibility

- a) Customer or spouse, with authorization, must be an active residential UPPCO account holder of the primary household.
- b) Customer household income between 0% and 150% of Federal Poverty Level (FPL) guidelines.
- c) Customer must have NO incidents of unauthorized use or fraud in the prior 12 months, and NO unaddressed bankruptcies. If theft or fraud is identified while on the program, the participant will be removed.

2. Program Benefits

- a) Affordable customer payments uniquely established based on income and energy consumption.
- b) Monthly credits for active customers making regular monthly payments.
- c) A reconciliation payment may occur, as a reward for consistent customer payments, in the program year, if funding is available.
- d) Shut off protection is provided to active customers enrolled in EASE.

3. Expectations

- a) Customer or spouse will live at the address where EASE benefits will be received.
- b) Customer will make their affordable monthly payments on time.
- c) Customer will monitor, maintain, and/or reduce energy consumption whenever possible.
- d) EASE affordable payment amount will be reviewed, based on energy consumption, at program months 6, 12, 18 and 24 with annual reconciliation in program month 12.
- e) Customer will call UPPCO or the enrolling agency if having trouble making monthly payment.
- f) Notify UPPCO at 800-562-7680 if moving to a new location. The EASE program may be transferred with no deposit or re-application, upon customer request, if new service is established within 30 days. EASE budget amount will be re-calculated based on new service location.

4. Exceptions

- a) Monthly charges associated with leased dusk-to-down light(s) and standard meter opt-out fees are explicitly excluded from participation in the EASE program.

If you have any questions or concerns, please contact your enrolling agency immediately.

EASE in to self-sufficiency! Enroll today, pay on time, and become energy wise!