

In partnership with

truenorth
community services



Consumers Energy

Count on Us

Allow 10 Days for Processing a Completed Application

An Incomplete Application will be Returned Requesting Required Documents

Complete Application Checklist

- Must be 18 years or older to apply
- Application must be completed, signed and returned (if not complete, application will be returned)
- Person signing and dating the application must provide a copy of their ID and Social Security Card
- Proof of all household income
- Copy of Consumers Energy bill that you are seeking assistance: (Must be past due or at shut off status in order to qualify.)

Send COMPLETED application to TrueNorth Community Services by fax, email or mail:

FAX: 231-924-3667

EMAIL: applications@tnempower.org

MAIL: TrueNorth Community Services
Attention: Consumers Energy Program

PO Box 149

Fremont, MI 49412-0149

PHONE: 231-355-5880

An Incomplete Application will be Returned Requesting Required Information and will Delay 10-Day Processing

Name			Phone ()		Other ()	
First	Middle Initial	Last	Alternate Contact Number			
Mailing Address			City	State	ZIP	
Service Address			City	State	ZIP	
Supply Service Address if mailing address is different						
County			Email			
Preferred Method of Contact: (Circle One)			Phone / Text / Email / Mail		Best Time to Call:	
List All Household Members including Self		Relationship to Applicant	Date of Birth	Social Security Number (All Nine Digits Required)	Disabled (Circle Answer)	Are you a U.S. Citizen?
First, Middle Initial and Last Name						
		SELF			Yes / No	Yes / No
					Yes / No	Yes / No
					Yes / No	Yes / No
					Yes / No	Yes / No
					Yes / No	Yes / No
					Yes / No	Yes / No
					Yes / No	Yes / No

You Must Answer All Questions

Do you own or rent your home?		OWN	RENT
Is any household member a veteran?		YES	NO
Have you received energy assistance from TrueNorth in the past?		YES	NO
Have you or do you currently receive benefits from Department of Health and Human Services?		YES	NO
Have you received energy assistance from another agency since October 1, 2015?		YES	NO
If yes, Name of Agency:		Date	
How do you heat your home?: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric Heat <input type="checkbox"/> Wood <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Coal <input type="checkbox"/> Other (explain)			
Home Heating Credit: Did you receive a Home Heating Credit in the last 6 months?		YES	NO
		Month Received	
Reasons for needing assistance (Check all that apply):			
<input type="checkbox"/> Low-Income Household		<input type="checkbox"/> Job Loss	
<input type="checkbox"/> Medical Hardship		<input type="checkbox"/> Other (explain):	
I have taken the following steps to reduce energy use and energy cost (check all that apply):			
<input type="checkbox"/> Use CFL/LED Bulbs <input type="checkbox"/> Lower thermostat temperature <input type="checkbox"/> Reduce thermostat when away			
<input type="checkbox"/> Lowered water heater setting <input type="checkbox"/> Turn off lights and electronics when not in use			
<input type="checkbox"/> Weather-strip or wrap windows/doors in plastic <input type="checkbox"/> None of the above			
Other: _____			

Consumers Energy Service You Need Help With: (Fill in the necessary information for electricity and/or natural gas.)

Electric	Account #:
	Name on Account:
Natural Gas	Account #:
	Name on Account:

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 \$
	<input type="checkbox"/> Electricity (non-heating) \$

Has your heat been turned off?

Yes, date heat was turned off: _____ No

Have you received a past due or shut off notice for your heat?

Yes, date service is scheduled to be shut off: _____ No

Has your electric been turned off? Yes, date turned off: _____ No

Have you received a past due or shut off notice for your electricity?

Yes, when is service scheduled to be turned off: _____ No

Please check all sources of income that your household expects to receive in the next 30 days:
Check all that apply and attach proof

<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
<input type="checkbox"/> Tribal payments (Energy Assistance/LIHEAP, tribal Gaming Association, casino/gambling profit sharing, land claims, etc)		
<input type="checkbox"/> 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?

No
 Yes, please briefly explain below:

ELIGIBLE INCOME EXPENSES

Does your household pay any of the following expenses? If yes, check all that apply and attach proof. Yes No

<input type="checkbox"/> Health insurance premiums	Amount \$	How often paid?	Covers what time period?
<input type="checkbox"/> Court-ordered child support (paid)	Amount \$	How often paid?	Covers what time period?
<input type="checkbox"/> Out-of-pocket childcare costs (not by 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

- **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 chosen for a complete investigation. An agency or department representative may call my home and may contact other people in order to verify my eligibility for assistance.
- 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 all available information about my account that is required for assistance to TrueNorth by phone, fax, email or on the company's agency assistance web-portal.
- **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
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 days of receipt of the application, you have the right to 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.