

Dear Applicant,

Make sure that your household meets the income	
Members in Household	Gross Monthly Income
1	\$1,485.00
2	\$2,002.50
3	\$2,520.00
4	\$3,307.50
5	\$3,555.00
6	\$4,072.50
7	\$4,591.25
8	\$5,011.25
Over 8 add per individual	+\$520.00

Please also note, that If you do meet the income requirements, please fill out this application completely, and be sure to bring the following documentation to a local utility assistance screening agency.

- **Utility Bill** – Your name should be included on the bill
- **Identification** - Copy of valid Michigan driver license, State ID, Washtenaw County ID of applicant matching account address
- **Copy of Social Security card** - for the applicant only
- **Income Documentation** (30 days) Example: If you are paid every two weeks, bring two recent paystubs
- **State Emergency Relief Decision**, if you have applied
- **Co-Payment** (**Total Account Balance-Amount Owing** on DTE bills)  
Example 1: **\$1,000** (Total Account Balance) minus **\$950** (Amount Owing) = Client Contribution: **\$ 50**
- **Bring in documentation of your co-payment**

**Part #2: Client Intake Form** *(can be completed by household without agency assistance)*

Please fill out the entire form. For the columns marked with an (\*) please refer to the table below

Date: \_\_\_\_\_

First name	M.I	Last Name	Relationship	SSN#	Date of birth	Sex	Race	Type of Health insurance	disabled Y or N	Highest level Education	Marital Status

**Address**

Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
H Phone: \_\_\_\_\_  
W Phone: \_\_\_\_\_  
C Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Race/Ethnicity**

- ☐ C- Caucasian/ white  
☐ A-Asian  
☐ M- Multi-Racial  
☐ AA- African American/ Black  
☐ N- Native American  
☐ P- Pacific Islander  
☐ R- Refused  
☐ U- Unknown  
☐ Hispanic/Latino

**Check all that apply**

- ☐ Full time student  
☐ Homebound  
☐ Medicare/Medicaid  
☐ Parolee  
☐ Pregnant  
☐ Unemployed

**Family Type:**

- ☐ Married (no children in home)      ☐ Multiple adults (living w/children)      ☐ Multiple adults (no/children)  
☐ Single person (living alone)      ☐ Married (living w/ children)      ☐ Two adults (no children)  
☐ Single female (w/children)      ☐ Single Male (w/children)

**Living Arrangements:**

- ☐ Own      ☐ Rent- Unsubsidized      ☐ Homeless  
☐ Transitional/ Shelter      ☐ Living w/ friends or family      ☐ Homeless by choice  
☐ Rent- Subsidized (HUD, Section 8)

**Transportation:**

- |  |  |
|--|--|
| <input type="checkbox"/> Owns good vehicle     | <input type="checkbox"/> Gets ride               |
| <input type="checkbox"/> Public transportation | <input type="checkbox"/> Owns vehicle w/problems |
| <input type="checkbox"/> None                  |  |

**Childcare:**

- |   |  |
|---|--|
| <input type="checkbox"/> No children in home/ don't need it | <input type="checkbox"/> In day care           |
| <input type="checkbox"/> Family provides day care           | <input type="checkbox"/> Child on waiting list |
| <input type="checkbox"/> Not enrolled in child care         |  |

**Food:**

- |   |  |
|---|--|
| <input type="checkbox"/> Family can afford basic need | <input type="checkbox"/> Use food bank         |
| <input type="checkbox"/> Has food stamps              | <input type="checkbox"/> Unable to afford food |

**Medicine:**

Are you able to afford your medicine:\_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Use prescription program | <input type="checkbox"/> Goes without sometimes |
|---|---|

**Clothing:**

- |   |  |
|---|--|
| <input type="checkbox"/> Family can afford basic need | <input type="checkbox"/> Use clothes closets |
| <input type="checkbox"/> Needs clothes referrals      |  |

**Employment:**

- |   |  |
|---|--|
| <input type="checkbox"/> Full time no benefits      | <input type="checkbox"/> Full time work w/benefits |
| <input type="checkbox"/> Full time minimum wage     | <input type="checkbox"/> Retired                   |
| <input type="checkbox"/> Disabled                   | <input type="checkbox"/> Part time with benefits   |
| <input type="checkbox"/> Part time without benefits | <input type="checkbox"/> Unemployed                |

**Independent living:**

- |   |
|---|
| <input type="checkbox"/> No senior or disabled adult in home    |
| <input type="checkbox"/> Able to live independently             |
| <input type="checkbox"/> Needs assistance to live independently |

**Education special needs children:**

- |   |
|---|
| <input type="checkbox"/> There are no special needs children in the home. |
| <input type="checkbox"/> Receives assistance                              |
| <input type="checkbox"/> Needs assistance                                 |

**Please list any other needs you may have today:**\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_