

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
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**Clothing:**

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

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

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**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