

2023 Energy Efficiency Assistance (EEA) Program Customer Intake Form

Return to :
CNS-City of Muskegon
933 Terrace Street
Muskegon, MI 49440

Customer Information

First Name (DTE Account Holder):	Last Name (DTE Account Holder):	<input type="checkbox"/> DTE Electric-Only Customer <input type="checkbox"/> DTE Gas-Only Customer <input type="checkbox"/> DTE Combination (Electric and Gas) Customer	
DTE Energy Electric Account Number:	DTE Energy Natural Gas Account Number:		
Address:		<input type="checkbox"/> DTE Electric-Only Customer <input type="checkbox"/> DTE Gas-Only Customer	
City:	State:	ZIP Code:	Phone:
Applicant Name if different from the DTE Account Holder:		Relationship to DTE Account Holder:	
Community Action Agency (CAA)/Nonprofit Organization (NPO) Name:		CAA/NPO Phone:	

Program Income Eligibility

The DTE EEA Program provides services to DTE customers who have low- to moderate-income DTE customers. Low-income customers cannot exceed 200% of the Federal Income. Limited funding available to customers within 201%–300% of Federal Poverty Guidelines.

Qualifying Assistance Programs

Have you, or any member of your household received assistance in the last 12 months from any of the qualifying programs noted below?

Please check programs that apply and provide documentation demonstrating proof of participation.

<input type="checkbox"/> DTE Low-Income Self-Sufficiency Program (LSP)	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> DHS (Department of Human Services)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Michigan Low Income Home Energy Assistance Program (LIHEAP)	<input type="checkbox"/> The Heat and Warmth Fund (THAW)
<input type="checkbox"/> Michigan Food Assistance Program (FAP)	<input type="checkbox"/> Weatherization Assistance Program (WAP)
<input type="checkbox"/> State Disability Assistance (SDA)	<input type="checkbox"/> Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/> State Emergency Relief Fund (SER)	

Household Information

Complete this section if you have not received assistance from any of the above qualifying programs in the last 12 months, and provide an applicable source of income documentation.*

Number of Adults Living in Household (18 years or older), Including Applicant:	Number of Children Living in Household (under 18 years of age):	Total Number in Household:
Note Source(s) of Income Provided:		

*Sources of income may include: paystubs, social security/SSI documents, unemployment letter/MARVIN statement, pension letter, DHS budget letter, child support documentation, etc. Proof of income or qualifying assistance program documentation must be provided to determine EEA Program eligibility and may be requested for review by a DTE Energy Specialist or Representative.

Customer Certification

I, the applicant, certify the information provided above is complete, true, and accurate to the best of my knowledge. I hereby grant DTE Energy permission to verify any and all information provided to determine eligibility to provide EEA Program services to my home.

Signature: _____ Date: _____

2022 EEA Program Income Qualification – Maximum Eligible Household Income Limit

Federal Poverty Guidelines Effective Jan. 12, 2022
Use Federal Poverty Guidelines found here: https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines
U.S. Department of Housing and Urban Development (HUD) Low Income Limits (80% AMI) Effective April 18, 2022
Use HUD Income Limit Table for County found here: www.huduser.gov/portal/datasets/il/il2022/select_Geography.odn

EEA Customer Verification – This Section to Be Completed by Partner Organization

Household Income Qualification

The following income qualification documentation was verified to determine the customer eligibility for participation in the EEA Program:

Proof Qualifying Assistance Program Participation (within the last 12 months)

Household Member Name	Proof of Qualifying Assistance Program Provided

OR:

Proof Income Sources

Household Member Name	Source of Income Provided*	Amount (\$)	Payment Frequency (weekly, monthly, etc.)	Annual Amount
		\$		\$
		\$		\$
		\$		\$
Total Annual Amount:				\$

*Applicable sources of income: paystubs, social security/SSI documents, unemployment letter/MARVIN statement, pension letter, DHS budget letter, child support documentation, etc.

The following method was used to determine the customer eligibility:

Total household income is at or below 200% of Federal Poverty Guidelines

Total household income is between 201% and 300% of Federal Poverty Guidelines

Total household income meets the U.S Department of Housing and Urban Development Low Income Limit (at or below 80% of median income)

Obtained Approval From Home Owner: Proof of Ownership **OR** Signed Landlord Agreement

Partner Certification

I certify the customer information collected above is complete, true, and accurate to the best of my knowledge. Upon receipt of an approved customer validation, DTE EEA Program services will be performed in adherence with our executed DTE EEA Partner Agreement, and agree for documentation to be kept on file for at least a year following project installation. I hereby grant DTE Energy permission to verify any and all information to determine eligibility and for Program audit, documentation review, and/or post-installation field inspection purposes.

Name: _____

Date: _____

Signature: _____

Return Completed Validation Request Form to:

CNS
933 Terrace Street
Muskegon, MI 49440

A completed Customer Validation Request Form shall accompany a request to install EEA measures. Notice of approved or denied Customer Validation Requests for each measure shall be provided within 24-28 business hours of receipt. EEA funding may be limited and is available on a first-come, first-served basis. Income eligibility does not guarantee participation in the DTE Energy Efficiency Assistance Program.

DTE Document Checklist

- **Completed Income Calculation Form**
- **Identification**
- **Proof of Ownership (ex. Deed, Quit Claim Deed or Land Contract)**
- **Proof of Income- Most current 30 days (ex. SSI/SS Award Letter or Check Stubs) and bank statement**