

2021 Income Qualification Form

Customer Information

First Name:		Last Name:		Email Address:	
Street Address:				Cell Phone Number:	
City:		State:	ZIP:	Account Holder Name (if different than above):	
Mailing Address (if different than above):				Relationship to Account Holder:	
<input type="checkbox"/> DTE Energy Natural Gas Account Number:				<input type="checkbox"/> DTE Energy Electric Account Number:	
<input type="checkbox"/> Own Home <input type="checkbox"/> Buying Home <input type="checkbox"/> Rental (provide rental information here)					

2021 Income Eligibility*

Please refer to the back for program eligibility.

Household Information

Number of Adults (18 yrs. or older), Including Applicant:	Number of Children (under 18 yrs. of age):	Total Number in Household:
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Qualifying Assistance Programs

Have you or any member of your household received assistance in the last 12 months from any of the following programs and can show documentation?

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

If you have received assistance from any of the above organizations, please skip to the certification section.

Income Information

Household Member	Source*	Amount	Payment Frequency (weekly, monthly, etc.)	Annual
Total				

*Sources of income include: paystubs, social security/SSI documents, unemployment letter/MARVIN statement, pension letter, DHS budget letter, child support documentation, etc. Provide documentation to the DTE Energy Specialist as it may be requested by DTE representatives.

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 and, if determined eligible, to provide program services to my home.

Signature: _____ Date: _____



2021 Income Eligibility Checklist

- Household income is at or below 200% of the 2021 Federal Poverty Guidelines
- Household income meets the 2021 U.S. Department of Housing and Urban Development low income limit (at or below 80% of the area median income)
- Customer has been previously deemed eligible for any of the following Michigan, federal, or nonprofit low income programs:
 - DTE Low Income Self-Sufficiency Plan
 - Michigan Low Income Home Energy Assistance Program
 - Michigan Food Assistance Program
 - Supplemental Security Income Program
 - State Emergency Relief Fund
 - Temporary Assistance for Needy Families
 - Weatherization Assistance Program
 - The Heat and Warmth Fund
 - Special Supplemental Nutrition Program for Women, Infants, and Children

For Organization Use:

<input type="checkbox"/> Completed Application Received <input type="checkbox"/> Supporting Documents Reviewed Name: _____ Date: _____

Please return this completed form to:

DTE Energy Efficiency Assistance Program
 1400 Howard St., Detroit, MI 48216 Email:
 DTE-EEA@seelllc.com
 Fax: 313.447.2311

Once we receive your completed Income Qualification Form, a representative will be contacting you within 6-8 weeks regarding your eligibility and the available benefits. Availability may be limited and is on a first-come, first-served basis. Income eligibility does not guarantee participation in the Energy Efficiency Assistance Program.