

# CONSUMERS ENERGY CARE 4.0 PROGRAM

Bringing energy affordability to Michigan.



Thank you for your interest in applying for the Consumers Energy CARE Program. Through this program, Consumers Energy is helping qualified customers afford and better manage their energy costs.

**If you choose to apply, please return your completed application within 7 days.**

**Customers in the CARE Program can receive many benefits throughout the year:**

- A monthly bill credit on energy charges.
- Gradual forgiveness of a past due balance.
- The opportunity to receive energy saving services, including a home visit by an energy expert, free of charge.

**If your monthly household income meets the guidelines shown below, we invite you to apply:**

CARE Program Eligibility Guidelines	
Number of Household Members	Maximum MONTHLY Income (150% of poverty level)
1	\$1,485
2	\$2,003
3	\$2,520
4	\$3,038
5	\$3,555
6	\$4,073
7	\$4,592
8	\$5,112

**For each additional family member, add \$520**



1. Fill out the forms in this application packet and gather the supporting documentation.



2. Submit the application and copies of all supporting documentation by mail.

**Mail to:**

**United Way of Jackson County  
Consumers Energy CARE 4.0 Program  
P.O. Box 987  
Jackson, MI 49204-0987**

**Space in the CARE Program is limited, and spots will fill quickly.** We cannot guarantee review once the program is full. If you intend to apply, **SUBMIT THIS APPLICATION WITHIN (7) DAYS FROM TODAY.** Be sure to follow the instructions carefully. Completion of all required sections of the application and copies of supporting documentation are needed to validate your eligibility into the program.

**\* Understand that neither the Consumers Energy contact center nor 2-1-1 can enroll you into CARE. An application is required, and Consumers Energy is working with United Way of Jackson County to determine your eligibility for the program.**

To review the status of your application you may call **1-844-220-6098**, M-F, 8:30 a.m. to 5 p.m. (EST) or email [CAREprogram@uwjackson.org](mailto:CAREprogram@uwjackson.org). With your permission, status updates will also be sent by email or text. **Please allow 1 week for mailing plus 10 business days for processing before an application status is available.**

Thank you for your interest in the program; we look forward to receiving your application.

Sincerely,

**United Way of Jackson County**

Enrollees may receive periodic information from United Way of Jackson County or its partners concerning other programs and services which may be beneficial to your household. Consumers Energy and United Way of Jackson County will never sell your information to others.

## UNDERSTANDING THE CARE PROGRAM

***Prior to applying, it is important to understand the conditions of the program:***

▶ **If you are approved and enrolled in the CARE program, you will receive the following benefits:**

- Monthly bill credit:
  - From November 1, 2016 – March 31, 2017, you pay 50% of your energy charges, and Consumers Energy pays 50%.
  - From April 1, 2017 – September 30, 2017, you pay 70% of your energy charges, and Consumers Energy pays 30%
- \*The monthly credit does not include any late payment or Appliance Service Plan charges.
- The opportunity to receive energy saving services including a home visit by an energy expert, free of charge.

▶ **CARE is an affordable PAYMENT program, which reduces your energy bill every month. It requires that you make payments by the due date each month to remain enrolled in the program.**

- If you do not pay your portion of the bill on-time and in full every month, you may be removed from the program.
- If you are removed from the program, you will NOT be able to do the following:
  - Re-enroll in the CARE program this year.
  - Receive State Emergency Relief (SER) assistance from the Department of Health and Human Services (DHHS) for your Consumers Energy bill until November 2017.
  - Enroll in Consumers Energy's Shut-Off Protection Plan (SPP) until October 2017.

▶ **While on CARE, you cannot:**

- Apply for SER from DHHS for your Consumers Energy service.
- Be on any other Consumers Energy payment plan at the same time.
- Make payment arrangements on any past due balance.

▶ **CARE is NOT an emergency assistance program. Submitting an application does NOT entitle you to have a disconnection hold on your account.**

## ELIGIBILITY AND APPLICATION CHECKLIST



### ELIGIBILITY CHECKLIST

- Must meet the household income guidelines (see the table on the first page).
- Must be past due on your Consumers Energy account, and outstanding balance must be less than \$2,000.
- Must be 18 years or older to apply.
- Must be a U.S. Citizen, or legal alien, to apply.
- Must be an active residential Consumers Energy account holder, or the spouse of the account holder.



### APPLICATION CHECKLIST

- Completed application form (pages 4-7 & page 8, if applicable), signed and dated.  
\*An incomplete application will be returned requesting required information and/or documentation.
- Copy of your most recent Consumers Energy bill.
- Copies of Social Security card and government-issued photo ID for the primary applicant (person signing and dating the application).  
Acceptable forms of ID: Valid Driver's license, State ID, Passport, or U.S. Military ID  
Social Security Card: Name on Social Security card must match both the application and the ID. If you do not have a Social Security card you may provide a letter from the Social Security Administration, a Social Security Award letter, or a Medicare card, if all nine digits of the Social Security number are present.
- Copies of entire Household's Income and Expense documents: See Instructions - "Acceptable Forms of Household Income Documents" (page 3).

**NOTE:** Please include photocopies of all documents. **DO NOT SUBMIT ANY ORIGINAL DOCUMENTS - ORIGINAL DOCUMENTS WILL NOT BE RETURNED.** Please understand that providing incomplete information will delay processing.

## ACCEPTABLE FORMS OF HOUSEHOLD INCOME DOCUMENTS

**IMPORTANT:** Must include documentation showing all income received within your household for 30 consecutive days. All documents must be dated within 30 days prior to the date that you sign your enrollment application.

### EARNED INCOME (Required for every wage earner in your household, over the age of 18.)

- ▶ **Pay-stubs or Letter from Employer** - Provide documentation of all wages received within the 30 days prior to the application signature date. *Documents must include: Employee's name, Employer/Source name, Pay period, Gross amount of pay (net pay is not acceptable proof) and any Deductions.*
- ▶ **Self-Employment** - Submit proof of gross income received within the 30 days prior to the application signature date.
- ▶ **Affidavit** - Complete and sign the attached self-employment affidavit (page 8).
- ▶ **Federal or State tax forms** - Submit copies of most recent 1040 and 1040 Schedule C.
- ▶ **Profit and loss statements** - Submit 30 days of gross earnings from one of the following sources:
  - BANK STATEMENTS
  - ACCOUNTANT'S/BOOKKEEPER'S STATEMENTS
  - BUSINESS RECEIPTS/CHECK STUBS.

### UNEARNED INCOME (Submit proof of any income that applies to your household.)

- ▶ **SSI, Social Security, RSDI, SSDI, SDA** - Submit a copy of the 2016 or 2017 benefit award letter.
- ▶ **Pension** - Submit a copy of the Pension statement showing the amount received during the 30 days prior to the application signature date OR a copy of the Pension statement and a bank statement showing gross benefits received within the required timeframe.
- ▶ **Child Support** - Submit a copy of the Office of Child Support report or a printed summary from the Court showing the gross amount received within the full 30 day period prior to the application signature date.
- ▶ **DHHS FIP Cash Assistance** - Submit a copy of the most recent benefit letter, or MI Bridges statement, showing benefits received during the 30 days prior to the application signature date.
- ▶ **Workers Compensation** - Submit the most recent workers compensation award letter showing benefits received during the 30 days prior to the application signature date OR provide a workers compensation award letter and a bank statement showing gross benefits received within the required timeframe.
- ▶ **Unemployment** - Submit the most current unemployment award letter or a printout from the MARVIN/LARA website showing the gross amount received during the 30 days prior to the application signature date.
- ▶ **Adoption Subsidy / Direct Care through State of Michigan** - Submit the most recent pay-stubs, remittance advice statement, or a State of Michigan award letter, showing benefits received during the 30 days prior to the application signature date.
- ▶ **Alimony or Spousal Support** - Submit the divorce agreement and bank statements or interest, annuities or dividend statements showing benefits received during the 30 days prior to the application signature date.
- ▶ **Other** - Provide any other unearned income documentation received during the 30 days prior to the application signature date.

### NO INCOME (If no one in your household received any income in the past 30 days).

- ▶ **Affidavit** - Complete and sign the attached zero-income affidavit (page 8).

# CONSUMERS ENERGY CARE 4.0 PROGRAM ENROLLMENT APPLICATION



## SECTION 1: CONSUMERS ENERGY ACCOUNT HOLDER INFORMATION

**IMPORTANT: REQUIRED** information is marked with an (\*). Copies of your Social Security Card or Government ID are required, see page 2 for additional information. *I hereby make application for the Michigan Energy Assistance Program (MEAP); I understand that there may be a delay in processing if required information is missing.*

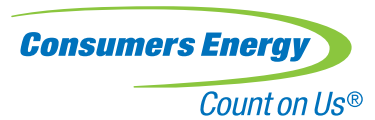
*Name (First, Last)		*Primary Phone ( )		Cell Phone ( )	
*Service Address		*City	*State	*ZIP	
(Provide Mailing Address if different from Service Address)					
Mailing Address		City	State	ZIP	
*County	Email Address (we will email your application status updates)			Prefer to be contacted by: <input type="checkbox"/> Text <input type="checkbox"/> Email	
*Do you own or rent your home?			<input type="checkbox"/> OWN	<input type="checkbox"/> RENT	
*Are you or your spouse the Consumers Energy primary account holder?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
*Is any household member a veteran?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
*Have you or do you currently receive benefits from the Department of Health and Human Services?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
*Have you received energy assistance from another agency since October 1, 2016?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
*If yes, Name of Agency:		Date:			
*If you are also a customer of DTE Energy or SEMCO, do you participate in the LSP or MAP program? <input type="checkbox"/> YES <input type="checkbox"/> NO					
*Home Heating Credit: Did you receive a Home Heating Credit in the last 6 months?		<input type="checkbox"/> YES	Month Received	<input type="checkbox"/> NO	
*How do you heat your home? <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Combination					

## SECTION 2: HOUSEHOLD MEMBERS

**IMPORTANT:** This section is **REQUIRED**. Attach extra pages if you have more than seven (7) household members. List **everyone** who lives in your home, including adults and children temporarily absent due to illness or employment. People are considered members of your household if they sleep and keep their belongings in your home. Be sure to include the date of birth and citizenship status for each member with their nine (9) digit Social Security number.

List All Household Members including Self (First, Middle Initial and Last Name)	Relationship to Applicant	Date of Birth	Social Security Number (All Nine Digits Required)	Disabled	Are you a U.S. Citizen?
	SELF			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# CONSUMERS ENERGY CARE 4.0 PROGRAM ENROLLMENT APPLICATION



## SECTION 3: CONSUMERS SERVICE YOU NEED HELP WITH (fill in the necessary information for electricity and/or natural gas)

*Electric	Account #:	
	Name on Account:	<input type="checkbox"/> Check box for combination 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: <i>Check both boxes for combination account</i>		<input type="checkbox"/> Household Heating \$ If this is a prepaid account, amount in account \$  <input type="checkbox"/> Electricity (non-heating) \$ If this is a prepaid account, amount in account \$
*Has your HEAT been turned off?		
<input type="checkbox"/> Yes, date heat was turned off:		<input type="checkbox"/> No
*Have you received a past due or shut off notice for your heat?		
<input type="checkbox"/> Yes, date service is scheduled to be shut off:		<input type="checkbox"/> No
*Has your ELECTRIC been turned off? <input type="checkbox"/> Yes, date turned off:		<input type="checkbox"/> No
*Have you received a past due or shut off notice for your electricity?		
<input type="checkbox"/> Yes, when is service scheduled to be turned off:		<input type="checkbox"/> No

## SECTION 4: HOUSEHOLD INCOME INFORMATION

**IMPORTANT:** This section is **Required**. Check all the sources of income that your household expects to receive in the next 30 days.

*Does any member in your household receive income? <input type="checkbox"/> Yes; Total monthly income \$ _____ <input type="checkbox"/> No	<b>NOTE:</b> If <b>NO</b> , you must complete a zero-income affidavit (Section 8; page 8) and return with your application. If <b>YES</b> , you must complete the following table and include proof of income (see instructions, page 3) and return copies with your application.
*Are you or another household member employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Are you or another household member self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>NOTE:</b> If <b>YES</b> , each self-employed member must complete the self-employment affidavit (Section 9; page 8), and submit with your application.

**NOTE: Please check ALL sources of income that your household expects to receive in the next 30 days.**

<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 Compensation	<input type="checkbox"/> Money from Family/Friends
<input type="checkbox"/> Veteran's Benefits/Military Allotments	<input type="checkbox"/> Child Support (received)	<input type="checkbox"/> Other (ex: lottery winnings) please list
<input type="checkbox"/> DHHS FIP Cash Assistance	<input type="checkbox"/> Adoption Subsidy	
<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.		

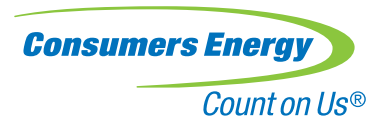
Person with Income	Type of Income (If employed, name of employer)	Gross Monthly Income (Amount before taxes and expenses)	How Often Received? (Weekly, Biweekly, Monthly, etc.)

Have there been any changes or do you expect a change in your household income in the next 30 days?

Yes, please briefly explain below.  No



**CONSUMERS ENERGY**  
**CARE 4.0 PROGRAM**  
 ENROLLMENT APPLICATION



**SECTION 5: HOUSEHOLD EXPENSE INFORMATION**

**IMPORTANT:** This section is **REQUIRED** if you or another household member pay any of the following expenses. Proof of payment is **REQUIRED**. Submit copies of documentation showing proof of payment made within the 30 days prior to the application signature date.

**\*Does your household pay any of the following expenses? If yes, complete the table below 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

**SECTION 6: PROGRAM TERMS, CONDITIONS AND RELEASE INFORMATION**

**IMPORTANT:** Please sign below after reading the following information, otherwise this application will be considered incomplete.

I affirm that this information is true and complete, that it is subject to verification, and if found fraudulent, I will not be eligible for energy assistance from the CARE Program. I understand that Consumers Energy does not guarantee enrollment in this program.

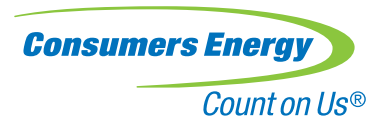
I also agree to the following program terms and conditions in order to qualify for the CARE Program:

1. The Consumers Energy bill is in my name or my spouse's name, and I must live at the address where the CARE benefits will be received.
2. I am not claimed as a dependent on another person's income tax return other than my spouse.
3. I do not share an energy meter with another home.
4. I understand as part of the enrollment process I may be required to provide proof of qualifying household income for all occupants which, in some cases, may require providing IRS Tax Return Transcripts, recent check stubs (dated no later than 30 days prior to my CARE application date). Wages (W-2); unemployment statements/letters; 2016 Social Security statements/letters; pension statements/letters; workers' compensation statements/letters; alimony or spousal support statements/letters; disability statements/letters; interest, annuities, or dividends statements/letters; rental income receipts, DHHS Family Independence Program (FIP) payments.
5. I understand if any of the information provided above is found to be untrue, any CARE Program benefits may be withdrawn.
6. To support my participation in the CARE Program, I understand I may receive program-related communication in the form of mail, email, phone or text.
7. I will notify Consumers Energy if my household is no longer eligible for the CARE discount.
8. I will allow Consumers Energy to share my information with collaborating non-profits, state and federal agencies, for the sole purpose of facilitating CARE enrollment and participation.
9. As a condition of CARE enrollment, I consent to being contacted by the Helping Neighbors energy efficiency program for free in-home services and by Michigan 2-1-1 for future opportunities related to free tax preparation services.
10. I consent to be automatically enrolled in Consumers Energy's standard Budget Plan for equal monthly payments upon completion of this one-year CARE Program, with the understanding that I may request opt-out.

**Signature**

**Date**

CONSUMERS ENERGY  
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SECTION 7: SIGNATURE REQUIREMENT

**IMPORTANT:** Please sign below after reading the following information, otherwise this application will be considered incomplete.

- **I understand I have eight (8) 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 needed to assist my account by phone, fax, email or their computer website.

- **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.**

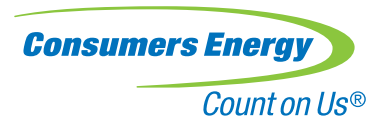
**Request for Review**

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.

<b>Signature of applicant or head of household</b>	<b>Date</b>	<b>Signature of spouse (if applicable)</b>	<b>Date</b>
<b>Address (Number &amp; Street Name, Apt, etc.)</b>		<b>Current phone number</b>	
<b>Signature of agency representative (office use only)</b>		<b>Identification of authorized representative (if applicable)</b>	



**CONSUMERS ENERGY**  
**CARE 4.0 PROGRAM**  
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**SECTION 8: ZERO-INCOME HOUSEHOLD AFFIDAVIT**

**IMPORTANT:** Your signature is **REQUIRED** if you answered **NO** to the question “Do any of the household members receive income?” on page 5 of this application.

**I hereby certify that no person in my household receives income from any of the following sources:**

- Wages from employment (including tips, commissions, bonuses, fees, etc.)
- Income from operations of a business
- Rental income from real or personal property
- Social Security payments, pensions, annuities, retirement funds, insurance policies or death benefits
- Unemployment or disability payments
- Public assistance payments
- Periodic allowances such as alimony, child support or gifts received
- Sales from self-employment
- Any other sources not named above

<b>Signature of Applicant</b>	<b>Date</b>	<b>Signature of Spouse (if applicable)</b>	<b>Date</b>
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**SECTION 9: SELF-EMPLOYMENT AFFIDAVIT**

**IMPORTANT:** Your signature is **REQUIRED** if you answered **YES** to the question “Are you or another household member self-employed?” on page 5 of this application.

**This affidavit is to be signed by any individual who is 18 years of age or older living in the applicant’s household who claims on the application to be self-employed.**

- I am self-employed in the business of: \_\_\_\_\_
- I have been self-employed in this manner since: \_\_\_\_\_
- To the best of my knowledge, I expect to earn \$ \_\_\_\_\_ in the upcoming 12 months.
- Return a copy of the most recent 1040 & 1040 Schedule C form along with a full 30 days of gross income received within the 30 days prior to the application signature date from one of the following options:
  - Banking statements                       Accountant’s/bookkeeper’s statement
  - Business receipts/check stubs    Other:

If none of the above is available, please state the reason why:

**I certify that the information contained in this affidavit is true and accurate to the best of my knowledge.**

<b>Signature of Applicant</b>	<b>Date</b>	<b>Signature of Spouse (if applicable)</b>	<b>Date</b>
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