

Dear **TrueNorth emPower** Client:

If you have a past-due or shutoff notice, 14 days or less of wood/pellets, or 25% or less in your fuel/propane tank, you can apply for emPower heat and energy assistance by filling out pages 3-6 and sending it to TrueNorth in the following ways:

**EMAIL:** applications@tnempower.org  
**MAIL:** TrueNorth Community Services  
Attention: emPower  
PO Box 149  
Fremont, MI 49412-0149

If you are receiving help from an agency to fill out the application and your caseworker would like to receive communication regarding your emPower application status, have them fill out the portion below and send with application.

<b>Attention Assisting Agency:</b> (Please provide contact information if you would like to be notified of our determination)	
<b>Agency:</b> _____	<b>Contact Name:</b> _____
<b>Phone:</b> _____	<b>Email:</b> _____

**Allow 10 Days for Processing a Complete Application**

**Note:** Each future request for assistance requires a new application and required documents

We are here to help, if you have any questions or want to check on your application, call 231-355-5880 to speak to an emPower staff person in our live call center, or go to [www.truenorthservices.org](http://www.truenorthservices.org) and select the Assistance tab and then Heat and Energy for how to video's and frequently asked questions.

Thank you,

**TrueNorth emPower**

**Allow 10 Days for Processing a Complete Application**

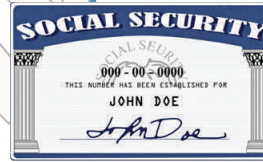
**An Incomplete Application will be Returned Requesting Required Documents**

**Complete Application Checklist**

- Must be 18 years or older, and either a US Citizen or legal alien**
- All pages of the application must be completed & returned to TrueNorth**
- Application must be signed and dated**



- Person signing and dating application must provide a copy of their ID and Social Security Card**



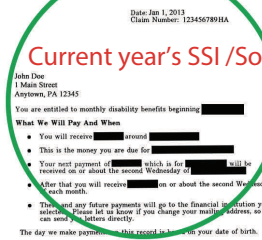
- Proof of all household income**

And/or Child Support, Unemployment, Cash Assistance (FIP), Adoption Subsidy/ Direct Care, Worker's Compensation, Alimony, Interest, Annuities or Dividends, Self-employment

**Past 30 days Paystubs**

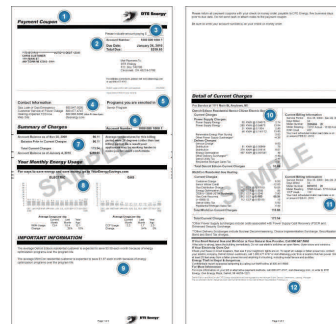
COMPANY NAME			EARNINGS STATEMENT		
EMPLOYEE NAME	EMPLOYEE ID	EMPLOYEE TYPE	EMPLOYEE NO.	EMPLOYEE TYPE	EMPLOYEE NO.
Sample Company Name, Sample Company Address, 16226	000-00-3472	44224	28885	1108011	1108011
Sample Name	000-00-3472	44224	28885	1108011	1108011
DATE	RATE	AMOUNT	TAXES	TOTAL	TOTAL
01/01/17	50	2,500.00	FICA MED TAX 26.25	1,871.25	
			FICA SS TAX 166.20	6,875.00	
			FED TAX 669.15	25,163.00	
			CA 91 TAX 183.75	8,280.25	
			SDI 29.40	1,120.00	
YTD EARNINGS	YTD DEDUCTIONS	YTD NET PAY	CURRENT TOTAL	CURRENT DEDUCTIONS	NET PAY
112,500.00	44,183.81	68,316.19	2,500.00	959.19	1,540.81

Social Security Administration  
Retirement, Survivors and Disability Insurance  
Notice of Award



- Copy of Utility Bill(s) that you are seeking assistance:**

(No bill required for propane, fuel oil, firewood, wood pellets, or coal unless you have a past due or back balance).



*I hereby make application for the Michigan Energy Assistance Program (MEAP). I understand that there may be a delay in processing if there is missing information. The MEAP crisis seasons runs from November 1 through May 31 therefore emergency assistance may not be available June 1 through October 31.*

**An Incomplete Application will be Returned Requesting Required Information and will Delay 10-Day Processing**

Name			Phone ( )	Other ( )	
First	Middle Initial	Last	Alternate Contact Number		
Mailing Address			City	State	Zip
Service Address			City	State	Zip
Supply Service Address, if mailing address is different					
County			Email		

**Attach extra pages if you need to include additional 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 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 (Circle Answer)	Are you a U.S. Citizen?
	SELF			Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No

**You Must Answer All Questions**

What are your total estimated utility cost for the month? \$ \_\_\_\_\_

Do you own or rent your home?	<b>OWN</b>	<b>RENT</b>
Is any household member a veteran?	<b>YES</b>	<b>NO</b>
Have you received energy assistance from TrueNorth in the past?	<b>YES</b>	<b>NO</b>
Have you or do you currently receive benefits from Department of Health and Human Services (DHHS)?	<b>YES</b>	<b>NO</b>
Have you received energy assistance from another agency since October 1, 2016?	<b>YES</b>	<b>NO</b>

If yes, Name of Agency: \_\_\_\_\_ Date \_\_\_\_\_

How do you heat your home?:  Natural Gas  Propane  Electric Heat  Wood  Fuel Oil  Coal  Other (explain)

**Home Heating Credit:** Did you receive Home Heating Credit in the last 6 months? **YES** Month Received **NO**

**Reasons for needing assistance (Check all that apply):**

Low-Income Household  Job Loss  
 Medical Hardship  Other (explain): \_\_\_\_\_

**I have taken the following steps to reduce energy consumption and energy costs (check all that apply):**

Use CFL/LED Bulbs  Lower thermostat temperature  Reduce thermostat when away  
 Lowered water heater setting  Turn off lights and electronics  Weather-strip or wrap windows/doors in plastic  
 None of the above

*Assistance is not dependent upon your response.*

Energy Assistance You Need Help With: ( <i>Fill in the necessary information for <b>electricity</b> and <b>one other heat source.</b></i> )		
<b>Electric</b>	Consumers Energy	Account #:
	Name on Account ( <i>Relationship to applicant</i> ):	
<b>Natural Gas</b>	Consumers Energy	Account #:
	Name on Account ( <i>Relationship to applicant</i> ):	

Emergency Need	
<i>*Electric heat sources include solar panels, boilers, radiators, or baseboard heating but DO NOT include space heaters</i>	
<b>Check the service(s) that you are requesting and the amount needed to resolve the emergency for 30 days:</b>	<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 \$
<b>Has your heat been turned off or have you run out of your only heating fuel source?</b>	
<input type="checkbox"/> Yes, date heat was turned off or when fuel ran out:	<input type="checkbox"/> No
<b>Have you received a past due or shut off notice for your heat or are you at risk of running out of your heating fuel?</b>	
<input type="checkbox"/> Yes, number of days until fuel runs out or date service is scheduled to be shut off:	<input type="checkbox"/> No
<b>Has your electric been turned off?</b>	<input type="checkbox"/> Yes, date turned off: <input type="checkbox"/> No
<b>Have you received a past due or shut off notice for your electricity?</b>	
<input type="checkbox"/> Yes, when is service scheduled to be shut off:	<input type="checkbox"/> No

**Please check all sources of income that your household has received in the past 30 days: (ATTACH 30 DAYS PROOF)**

Does any member of your household have income?  Yes, Total monthly income: \$ \_\_\_\_\_  No

<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	<input type="checkbox"/> Money from Family/Friends
<input type="checkbox"/> Veteran's Benefits/Military Allotments	<input type="checkbox"/> Child Support	<input type="checkbox"/> Other (ex: lottery winnings) please list
<input type="checkbox"/> I certify that the household has no income		
<input type="checkbox"/> Tribal payments (Energy Assistance/LIHEAP, tribal GA, 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.)
<b>Have there been any changes or do you expect a change in your household income in the next 30 days?</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes, please briefly explain below:	

**ELIGIBLE INCOME EXPENSES**

Does your household pay any of the following expenses? If yes, check all that apply and **ATTACH PROOF.**  Yes  No

<input type="checkbox"/> <b>Health insurance premiums</b>	Amount \$	How often paid?	Covers what time period?
<input type="checkbox"/> <b>Court-ordered child support (paid)</b>	Amount \$	How often paid?	Covers what time period?
<input type="checkbox"/> <b>Out-of-pocket childcare costs (not by DHHS)</b>	Amount \$		
<input type="checkbox"/> <b>Unusual employment related expenses</b>	Amount \$	Explain Expense	

**If available, tell us what other resources you would be interested in learning about:**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Access to technology | <input type="checkbox"/> Disability information   | <input type="checkbox"/> Case management services | <input type="checkbox"/> Education      |
| <input type="checkbox"/> Food                 | <input type="checkbox"/> Rent/mortgage assistance | <input type="checkbox"/> Health care access       | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Other: _____         | <input type="checkbox"/> Home weatherization      | <input type="checkbox"/> Employment               |   |

**emPower Service Screening Instrument** (Must be completed by circling your answers in column 2)

Category	CIRCLE One Letter for Each Question	TrueNorth Staff Use Only
What is your employment situation?	A) Permanent employment/retirement B) Temporary employment/seasonal/part time C) Unemployment D) Disabled	
What level of education do you have?	A) Post H.S. degree B) H.S. diploma/GED C) No H.S. diploma/GED	
What is your Household size?	A) Single B) 2-4 in household C) 5 or more in household	
Do you receive food assistance?	A) No food assistance B) Receiving food assistance C) No access to food assistance	
What is your household situation?	A) Stable housing B) Unstable housing/losing home C) Literally homeless	
Do you have access to health care?	A) All household members covered with affordable care B) Some household members covered, some services affordable C) No household members covered, no services affordable	
Do you have transportation?	A) Immediate, reliable, safe access to transportation B) Limited/unreliable/unlicensed/uninsured access to transportation C) No transportation	
Do you have access to technology?	A) Full technology access—personal and public means B) Limited technology access-no computer/internet, limited understanding C) No access to technology	

**Signature Requirement**

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

- By requesting assistance through MEAP, you may be referred to, or required to, participate in additional services such as budgeting assistance, energy audits, or other programs that will help your household pay energy bills and understand energy consumption.
- **I understand I have eight 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 about 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.**

Signature of applicant or head of household	Date	Signature of spouse	Date
Address (Numbers & Street Name, Apt, etc.)		Signature of agency representative	Date
Current phone number	Identification of applicant or authorized representative		

**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 (ten) 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.