CONSUMERS ENERGY CARE 3.0 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 this year:

- A monthly bill credit on energy charges
- Forgiveness of a past due balance in regular installments
- 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 here, we invite you to apply:

CARE Program Eligibility Guidelines	
Number of Household Members	Maximum MONTHLY Income (150% of poverty level)
1	$1,471
2	$1,991
3	$2,511
4	$3,031
5	$3,551
6	$4,071
7	$4,591
8	$5,111
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 in the enclosed BLUE envelope to:

Consumers Energy CARE 3.0 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. All required sections and copies of supporting documentation are needed to validate your eligibility into the program.

**Understand that neither the Consumers Energy call 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 **1-844-249-0763**, M-F, 8:30 a.m. to 5 p.m. (EST) or email **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 a 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.

CONSUMERS ENERGY
CARE 3.0 PROGRAM
APPLICATION INSTRUCTIONS

Consumers Affordable Resource for Energy

Consumers Energy
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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
  - 50% off energy charges (November - March)
  - 30% off energy charges (April-October)

  *The monthly credit does not include any late payment or appliance service charges
- Forgiveness of any past due balance in regular installments
- 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 due date each month to remain enrolled in the program.

- If you do not make monthly payments on-time and in full, you may be removed from the program.
- If you are removed from the program, you will NOT be able to do the following until October 1, 2016:
  - Re-apply in the CARE program.
  - Receive State Emergency Relief (SER) assistance from the Department of Health and Human Services (DHHS).
  - Enroll in the Shut-off Protection Program (SPP).

► While on CARE, you cannot:

- Apply for State Emergency Relief (SER) from the Department of Health and Human Services (DHHS) for your Consumers Energy service.
- Be on any other Consumers Energy payment plan at the same time.
- Make payment arrangements.

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

Consumers Affordable Resource for Energy

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ELIGIBILITY AND APPLICATION CHECKLISTS

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 $3,000.**
- ☐ **Must be 18 years or older to apply.**
- ☐ **Must be a U.S. Citizen, or legal alien, to apply.**
- ☐ **Must be the Consumers Energy primary account holder, or a spouse of the primary account holder.**

APPLICATION CHECKLIST

- ☐ **Completed application form (pages 4-6 & page 7, if applicable), signed and dated.**
- ☐ **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.*

CONSUMERS ENERGY
CARE 3.0 PROGRAM
APPLICATION INSTRUCTIONS

Consumers Affordable Resource for Energy
CARE

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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 from the date that you sign your enrollment application.

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

- **Paystubs 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 7).
  - **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 2015 or 2016 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.
- **DHS 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 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 paystubs, 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 7).

CONSUMERS ENERGY
CARE 3.0 PROGRAM
ENROLLMENT APPLICATION

Consumers Affordable Resource for Energy — CARE

Consumers Energy — Count on Us

SECTION 1: CONSUMERS ENERGY ACCOUNT HOLDER INFORMATION

IMPORTANT: REQUIRED information is marked with an (*). Any required information that is missing from this application will delay processing. Copies of Your Social Security Card and Government ID are required, see page 2 for more information.

* Account Holder Name (First, Last)

* Consumers Energy Account Number

* Service Address

* City

* State: MI

* Zip

Mailing Address (if different from above)

City

State: MI

Zip

* Primary Phone Number ___ - ___ - ____

Cell Phone Number ___ - ___ - ____

☐ Permission to text application status updates

Email Address (we will email your application status updates)

* Account Fuel Type
☐ Electric ☐ Gas ☐ Combination

* Are you or your spouse the Consumers Energy Primary Account Holder?
☐ Yes ☐ No

* Are you currently enrolled in CARE 2.0 (Oct. 2014 - Sept. 2015)?
☐ Yes ☐ No

* Do you rent or own your home?
☐ Own ☐ Rent

* Have you applied for or received the Home Heating Credit (Energy Draft) in 2015?
☐ Yes, month received ☐ No

* Have you or do you currently receive benefits from Department of Health and Human Services (DHHS)?
☐ Yes ☐ No

* Have you received energy assistance from another agency in the past 12 months?
☐ Yes, who was the provider(s) ☐ No

* Has your service been turned off?
☐ Yes, date service was turned off: ☐ No
__ / __ / ____

* Have you received a shut off notice?
☐ Yes, date service is scheduled to be shut off: ☐ No
__ / __ / ____

SECTION 2: HOUSEHOLD MEMBERS

IMPORTANT: This section is **REQUIRED**. Complete the table below for all household members including yourself. If you have more than 10 household members, please attach their information to this application.

NAME (First, MI, Last)	RELATIONSHIP TO	SOCIAL SECURITY NUMBER	DATE OF BIRTH	CHECK ALL THAT APPLY
John N. Smith	*Self*	555-55-5555	12/31/1955	x U.S Citizen ☐ Legal Alien ☐ Disabled x Veteran
		- -	/ /	☐ U.S Citizen ☐ Legal Alien ☐ Disabled ☐ Veteran
		- -	/ /	☐ U.S Citizen ☐ Legal Alien ☐ Disabled ☐ Veteran
		- -	/ /	☐ U.S Citizen ☐ Legal Alien ☐ Disabled ☐ Veteran
		- -	/ /	☐ U.S Citizen ☐ Legal Alien ☐ Disabled ☐ Veteran
		- -	/ /	☐ U.S Citizen ☐ Legal Alien ☐ Disabled ☐ Veteran
		- -	/ /	☐ U.S Citizen ☐ Legal Alien ☐ Disabled ☐ Veteran
		- -	/ /	☐ U.S Citizen ☐ Legal Alien ☐ Disabled ☐ Veteran
		- -	/ /	☐ U.S Citizen ☐ Legal Alien ☐ Disabled ☐ Veteran
		- -	/ /	☐ U.S Citizen ☐ Legal Alien ☐ Disabled ☐ Veteran
		- -	/ /	☐ U.S Citizen ☐ Legal Alien ☐ Disabled ☐ Veteran

Continue Application

CONSUMERS ENERGY
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SECTION 3: HOUSEHOLD INCOME INFORMATION

IMPORTANT: This section is **REQUIRED**. If you or another household member receive income, check all the income sources that apply and fill out the table below.

*** Do any of the household members receive income?**

☐ Yes ☐ No

NOTE: If **NO**, you must complete a zero-income affidavit (section 6, page 7) and return with your application. If **YES**, 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?**

☐ Yes ☐ No

*** Are you or another household member self-employed?**

☐ Yes ☐ No

NOTE: If **YES**, each self-employed member must complete the self-employment affidavit (section 7, page 7), and submit with your application.

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

☐ Employment/Earned Wages ☐ Social Security Benefits ☐ Supplemental Security Income (SSI) ☐ Workers Compensation
☐ Self-Employment Income ☐ Disability Benefits ☐ Pension/Retirement Benefits ☐ Unemployment Compensation
☐ Veteran's Benefits ☐ Military Allotments ☐ Child Support (received) ☐ Adoption Subsidy
☐ DHS FIP Cash Assistance ☐ Tribal Payments ☐ Rental Income ☐ Money from Family/Friends
☐ Other (explain):

HOUSEHOLD MEMBER WITH INCOME (First, MI, Last)	INCOME SOURCE (If employed, name of employer)	START DATE (If applicable)	GROSS MONTHLY INCOME (Amount before taxes)	PAY FREQUENCY
John N. Smith	Employment, Bob's Auto World	02/05/2012	$1,000.00	x Weekly ☐ Monthly ☐ Biweekly ☐ Temp/Annual
			$	☐ Weekly ☐ Monthly ☐ Biweekly ☐ Temp/Annual
			$	☐ Weekly ☐ Monthly ☐ Biweekly ☐ Temp/Annual
			$	☐ Weekly ☐ Monthly ☐ Biweekly ☐ Temp/Annual
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			$	☐ Weekly ☐ Monthly ☐ Biweekly ☐ Temp/Annual
			$	☐ Weekly ☐ Monthly ☐ Biweekly ☐ Temp/Annual

IMPORTANT: Proof of income is **REQUIRED** for each source, see page 3 for Acceptable Forms of Household Income Documents.

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

☐ Yes, Please briefly explain below ☐ No

Continue Application

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SECTION 4: 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, fill out the table below and attach proof.** ☐ Yes ☐ No

HOUSEHOLD MEMBER WITH EXPENSE (First, MI, Last)	EXPENSE SOURCE		MONTHLY EXPENSE
John N. Smith	☒ Medical, Dental and Vision Insurance Premiums ☐ Out-of-pocket childcare costs (limited)	☐ Court-ordered child support (paid) ☐ Unusual employment related expenses	$1,000.00
	☐ Medical, Dental and Vision Insurance Premiums ☐ Out-of-pocket childcare costs (limited)	☐ Court-ordered child support (paid) ☐ Unusual employment related expenses	
	☐ Medical, Dental and Vision Insurance Premiums ☐ Out-of-pocket childcare costs (limited)	☐ Court-ordered child support (paid) ☐ Unusual employment related expenses	
	☐ Medical, Dental and Vision Insurance Premiums ☐ Out-of-pocket childcare costs (limited)	☐ Court-ordered child support (paid) ☐ Unusual employment related expenses	
	☐ Medical, Dental and Vision Insurance Premiums ☐ Out-of-pocket childcare costs (limited)	☐ Court-ordered child support (paid) ☐ Unusual employment related expenses	
	☐ Medical, Dental and Vision Insurance Premiums ☐ Out-of-pocket childcare costs (limited)	☐ Court-ordered child support (paid) ☐ Unusual employment related expenses	
	☐ Medical, Dental and Vision Insurance Premiums ☐ Out-of-pocket childcare costs (limited)	☐ Court-ordered child support (paid) ☐ Unusual employment related expenses	

SECTION 5: PROGRAM TERMS, CONDITIONS & RELEASE OF INFORMATION

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

- 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.
- I do not share an energy meter with another home.
- By signing the CARE application, I affirm that I have read and acknowledge the conditions provided on page 1.
- I understand as part of the enrollment process I am required to provide proof of qualifying household income for all occupants.
- 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.
- I consent to being contacted for future opportunities related to free tax preparation services and, as needed, by the CARE application processing vendor that may include communication via text messaging.
- I understand if any of the information provided above is found to be untrue, any CARE Program benefits may be withdrawn.
- 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 at 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 by phone, fax, email or their computer web site all available information about my account.
- **UNDER PENALTIES OF PERJURY, I SWEAR OR AFFFIRM 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 (ten) days of the application date, 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.

Signature of Applicant	Date	Signature of Spouse (if applicable)	Date

Signature of Agency Representative (office use only)	Date	Identification of Authorized Representative (if applicable)

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SECTION 6: 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

Signature of Applicant	Date	Signature of Spouse (if applicable)	Date

SECTION 7: 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 infomation contained in this affidavit is true and accurate to the best of my knowledge.

Signature of Applicant	Date	Signature of Spouse (if applicable)	Date