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Chief Executive Officer

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DTE Energy is partnering with Community Action Agencies statewide to reduce the utility bills for its most vulnerable citizens.

You may be eligible to receive a **FREE REFRIGERATOR REPLACEMENT** from DTE Energy if you meet the following criteria:

1. Have an active DTE electric account. Yes_____ No_____
2. Is the account in your name? Yes_____ No_____

If not, does the person live in your home? Yes_____ No_____

Please supply name & relationship to you:
Name: _____ Relationship: _____
3. **REFRIGERATOR MUST BE MANUFACTURED BEFORE DEC. 2000 TO QUALIFY**
4. Do you own your home? Yes_____ No_____

This form must be returned with your application. If your application is incomplete it cannot be processed and will be returned. If you rent the home you are living in and did not receive a renter form with your application please call 248-209-2616.

If you do not have an active DTE Electric account, you DO NOT qualify for this program. The new refrigerator will be white and comparable in size or smaller than your existing one. All refrigerators have a 1 year warranty. Due to program guidelines, we are unable to supply refrigerators with icemakers.

This opportunity is available for a **limited time**. If your refrigerator qualifies, return the completed application to OLHSA. The forms can be returned one of four ways:

- Faxed to **248-209-2777**
- Mailed to OLHSA at PO Box 430598, Pontiac, MI 48343
- Dropped off at Pontiac office reception desk, 196 Cesar E Chavez, Pontiac, MI 48343
- Emailed to **debbieb@olhsa.org**

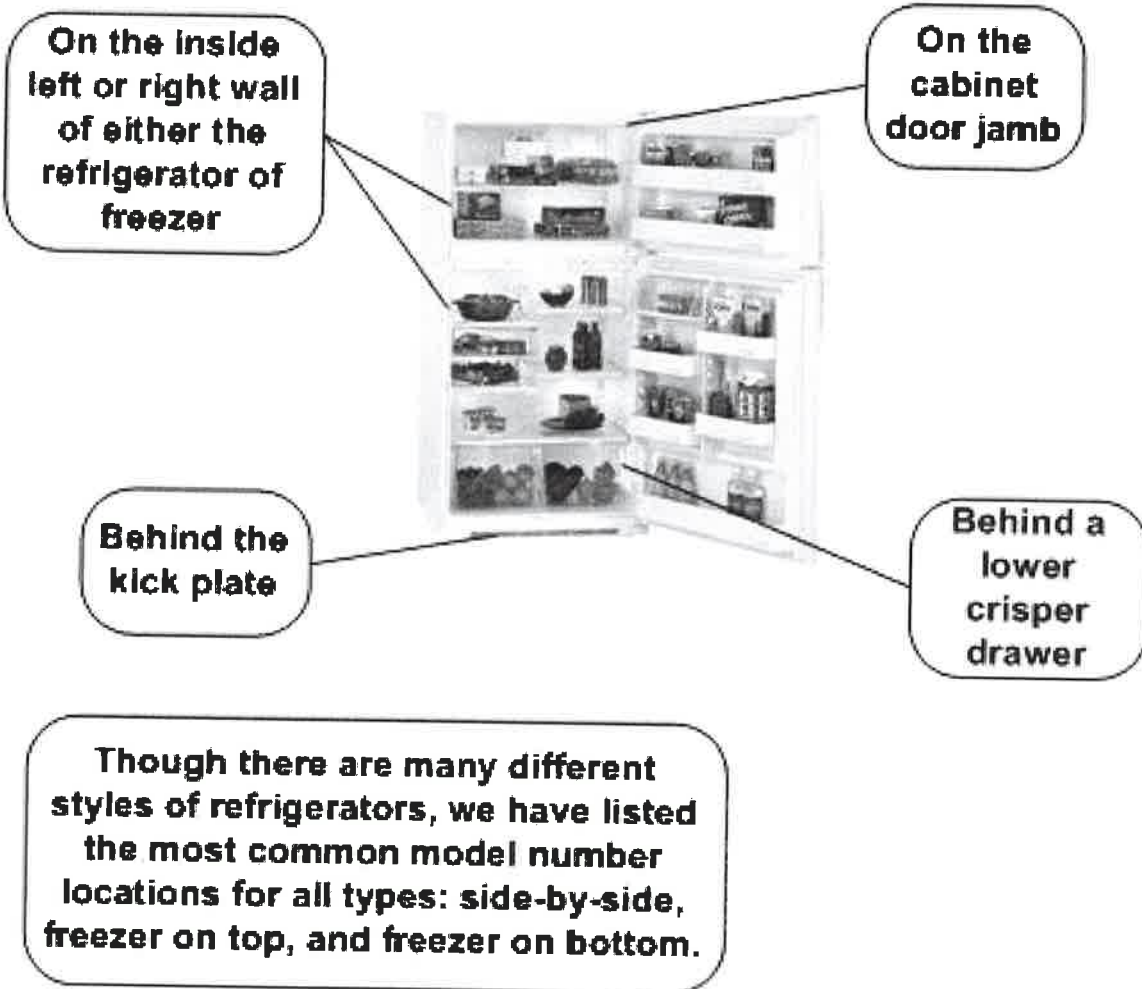
You will need to relinquish your old refrigerator at the time of delivery. It will be disabled and recycled.

This program is on a first come, first serve basis with limited funding! We may not be able to accommodate all requests for a refrigerator replacement, so please return the application as soon as possible if you are interested in participating.

OLHSA is excited to be partnering with DTE Energy to save our clients' money and reduce their utility bills! **If you have any questions, please call the coordinator at 248-209-2616.**

Sincerely,
Energy Services Division

Locating Your Refrigerator's Model Number & Date of Manufacture



Sample Model Number Tag (Yours may look different)

Model numbers can be made up of numbers (1005400, for example) or a combination of letters and numbers (LAT1000AAE). The model number will most likely appear on either a paper sticker or a metal plate. The date of manufacture may also be found on this tag.

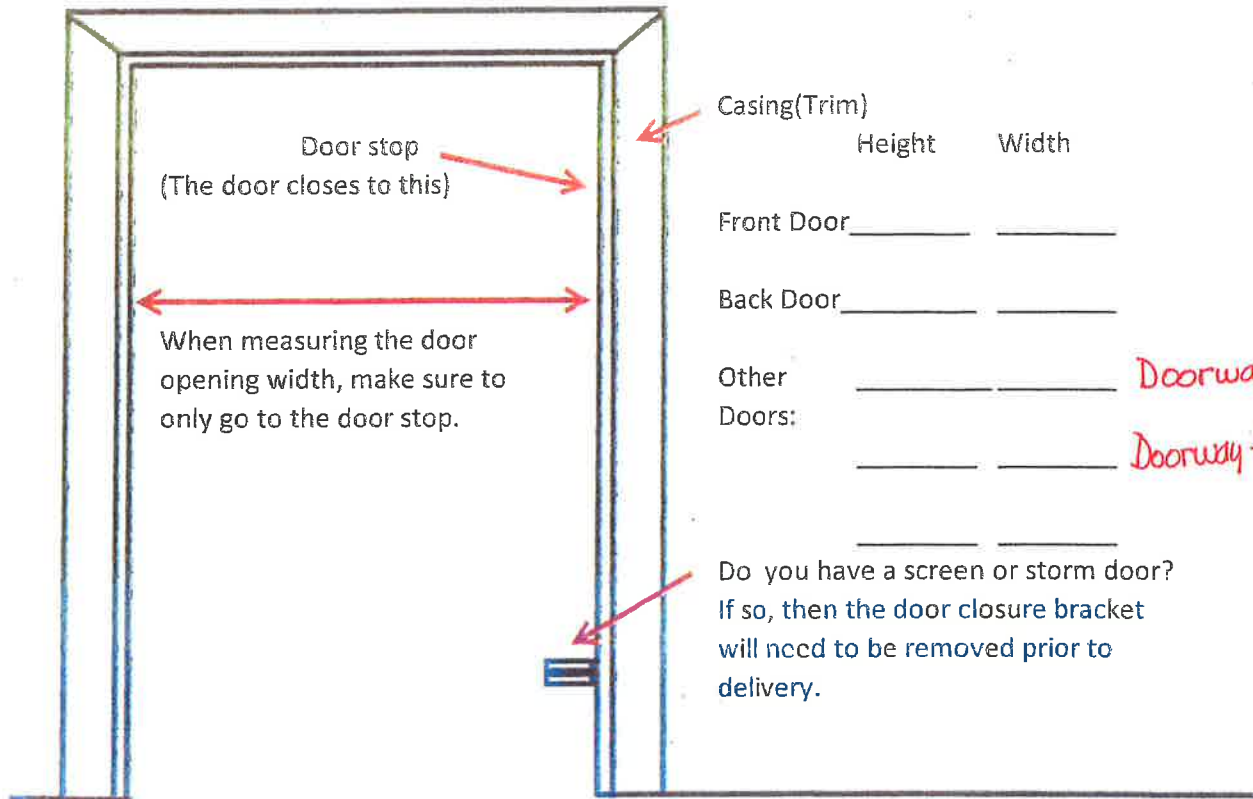


*Measure all doorways leading into your kitchen

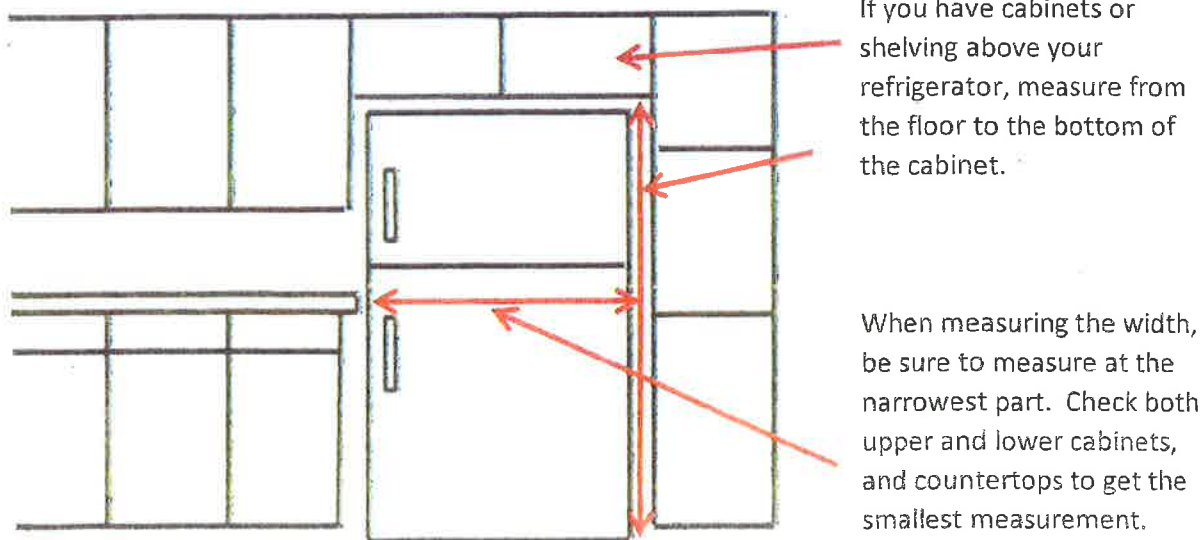
Please fill out the door sizes in the spaces provided and return

Measuring doorways for your refrigerator delivery

(all refrigerators are different sizes depending on make, model, and year)



Measuring the available space for your refrigerator



*The depth of the refrigerator is usually not a problem, unless due to the layout of your kitchen it blocks drawers or cabinets from opening.

DTE 2017 EEA Program Special ENERGY STAR® Refrigerator – ELECTRIC

Oakland Livingston Human Service Agency, P.O. BOX 430598, Pontiac MI, 48343, 248-209-2616

PLEASE PRINT YOUR INFORMATION

DTE Account# _____ Single Family Home 2-Family Flat (1st floor/2nd floor) Mobile
Sq ft of living space _____

Applicant Name: _____ Address: _____



Phone# _____ Alt# _____ (city) _____ (zip) _____

IF YOU ARE A RENTER PLEASE CALL FOR AN ADDITIONAL FORM IF YOU HAVE NOT RECEIVED ONE

REQUIRED HOME DATA:

Do you <input type="checkbox"/> Own or <input type="checkbox"/> Rent your home	Year Home Built: _____	Structure: <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Slab <input type="checkbox"/> Crawl	Water Heater Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric	Heating System Type: <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Heat-Pump <input type="checkbox"/> Other: _____	Heating Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	Central A/C: <input type="checkbox"/> Yes <input type="checkbox"/> No
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CURRENT (OLD) REFRIGERATOR DATA:

MUST HAVE THE FOLLOWING INFORMATION:		YOUR REFRIGERATOR MUST BE MANUFACTURED BEFORE DEC. 2000 TO QUALIFY
Date of Manufacture Month: _____ Year: _____	Make or Brand:	Measure the <u>space/location</u> the NEW Refrigerator is going to be placed in: Height _____ Width _____ Depth _____
Model #:	Serial #:	Measure the dimensions of CURRENT (OLD) Refrigerator: Height _____ Width _____ Depth _____
CURRENT (OLD) Door Swing: LEFT HINGE RIGHT HINGE SIDE by SIDE Please indicate new refrigerator door swing here: LEFT HINGE RIGHT HINGE  		Does the CURRENT (OLD) refrigerator have an icemaker? <input type="checkbox"/> No <input type="checkbox"/> If yes, does it have a shut off to the water line? _____ Yes _____ No

If OLHSA determines I am eligible for a refrigerator replacement, I agree to comply with all of the following terms and conditions:

- I agree to exchange my existing refrigerator listed above for the new refrigerator.
- I agree that I am exchanging my main refrigerator in my kitchen. **PLEASE INITIAL HERE** _____
- Prepare the old refrigerator for replacement by cleaning out old and non-perishable food before the delivery, and moving the remaining food to a cooler as soon as the delivery truck arrives.
- Have an adult available on the date of delivery.
- Homeowner will be responsible to have coolers available to transfer the existing food from the old refrigerator, because several hours are required for a new refrigerator to come up to correct temperature.
- Cooperate with the delivery and installation team and sign all necessary forms on the date of delivery.
- Be prepared to clean behind the old refrigerator before the new one is installed.

I have read the above and agree to the terms set forth. I also understand that if a delivery is scheduled, I must be present or have an adult representative present to take the delivery. Failure to do so will result in forfeiture of replacement refrigerator.

Client Signature

Date

*Please sign and return original copy. Replacement refrigerator cannot be ordered until the signed original is received.



A Community Action Agency

OAKLAND LIVINGSTON HUMAN SERVICE AGENCY
Energy Services – DTE refrigerator replacement program

SELF DECLARATION OF INCOME AND HOME OWNERSHIP

APPLICANT NAME: _____

APPLICANT ADDRESS: _____ CITY : _____ ZIP: _____

APPLICANT PHONE: _____ ALTERNATIVE NUMBER: _____

SELF DECLARATION

1. Total number of household members currently living in the above household:

2. Total GROSS household income (income before tax deductions) for the past 12 months for all household members over the age of 18:

\$ _____

3. Source of above reported income:

- checkbox paystubs
checkbox Social Security/ SSI documents
checkbox unemployment letter/Marvin statement
checkbox pension letter
checkbox DHS budget letter
checkbox child support documentation, etc.

HOMEOWNERSHIP

1. Do you own your home/manufactured home? checkbox Yes checkbox No

I the applicant certify the information I have provided above is true and accurate to the best of my knowledge. I understand that this declaration is subject to verification and or audited by OLHSA. I authorize all utility companies to provide 12 month prior as well as post history of my household energy consumption and homeownership verification.

Applicant Signature

Date