

#### Susan Harding

Chief Executive Officer

#### Central Office

196 Cesar E. Chavez Avenue P.O. Box 430598 Pontiac, MI 48343-0598

- 1 248.209.2600
- £ 248.209.2645
- E info@olhsa.org

### South Office

1956 Hilton Road Ferndale, MI 48220-1719

- 1 248.542.5860
- £ 248.542.5897
- info@olhsa.org

### Livingston Office

2300 E. Grand River Suite 107 Howell, MI 48843-7574

- T 517.546.8500
- F 517.546.3057
- E livingston@olhsa.org

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.	Do you have an active DTE electric account	t?	Yes	No				
2.	Is the account in your name?		Yes	No				
	If no, does the person live in your home?		Yes	No				
	Please supply name & relationship to you:							
	Name:	Relationship:_						
3.	Was your fridge manufactured in 2000 or e	arlier?	Yes	No				
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. If you rent the home you are living in, please call 248-209-2616 for an additional form.

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. Due to program guidelines, we are unable to supply refrigerators with icemakers.

Please note, however, that this opportunity is only available for a very <u>limited time</u>. Please note: Due to high volume of applications received it could take up to 3 months to process your application. If your refrigerator qualifies, return the completed application and Self Declaration Form to OLHSA no later than <u>June 30, 2017</u>. 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.

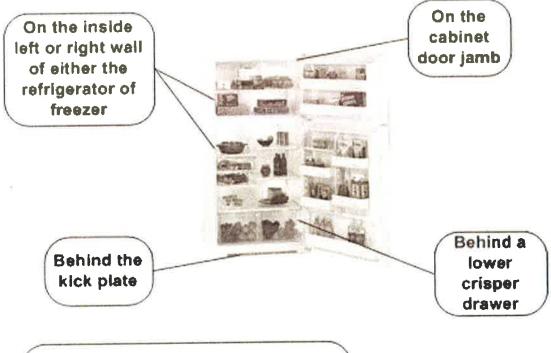
This program is on a first come, first serve basis with limited funding! We may not be able to accommodate all requests for a refrigerator replacement, so please return the application and self declaration form as soon as possible if you are interested in participating.

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 &

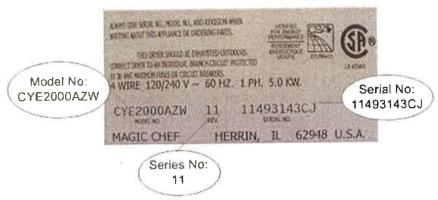
## **Date of Manufacture**



Though there are many different styles of refrigerators, we have listed the most common model number locations for all types: side-by-side, freezer on top, and freezer on bottom.

### 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.

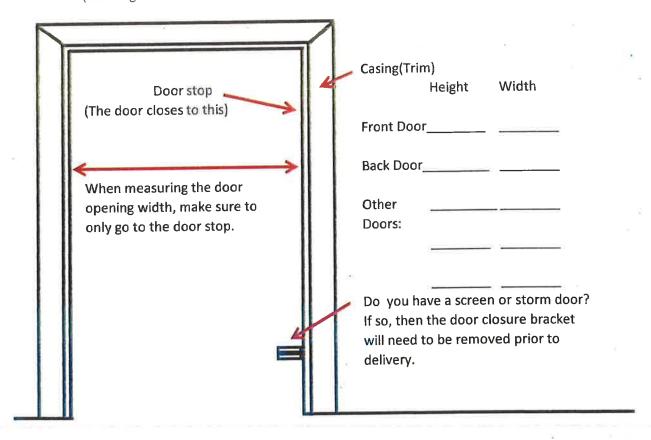


## \*Measure all doorways leading into your kitchen

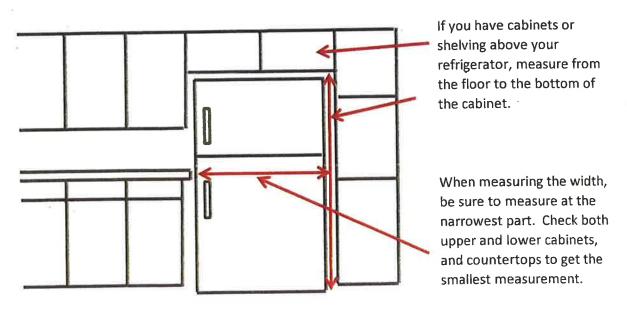
Please fill out the door sizes in the spaces provided and return

# 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 2016 EEA Program Special ENERGY STAR® Refrigerator – ELECTRIC

DTE Account#				PLEASE PRINT				
Applicant	Name:				dress:			
Phone# Alt# IF YOU ARE A RENTER PLEASE CALL FOR AN ADDI			OR AN ADDIT	(city)		(zip)	(zip)	
10074	- 41				HOME DATA:		G A Lyon	
Do you Own or Rent your home	Year Home Built:	Structure:  Basement No Basement Slab Crawl	Water Heat  Gas  Electric	er Type:	Heating System Type:    Furnace   Boiler   Heat-Pump   Other:	Heating Fuel Type:  Gas Electric Other	Central A/C:  Yes  No	
Apple			CURRENT	(OLD) RE	FRIGERATOR DATA:			
		OWING INFORMAT  Make or Brand:	ION:	YOUR REFRIGERATOR MUST BE MANUFACTURED BEFORE DEC. 2000 TO QUALIFY  Measure the space/location the NEW Refrigerator is going to be placed				
Make or Brand:  Month: Year:		in:  Height Width Depth						
Model #: Serial #:		Measure the dimensions of CURRENT (OLD) Refrigerator:						
CURRENT (OLD) Door Swing:  LEFT HINGE RIGHT HINGE SIDE by SIDE  Please indicate new refrigerator door swing here:  LEFT HINGE RIGHT HINGE				Height				
condition	ns: agree to exc	change my existing	g refrigerato:	r listed ak	ent, I agree to comply wit	tor.	erms and	
<ul> <li>I agree that I am exchanging my main refrigerator in my kitchen. PLEASE INITIAL HERE</li> <li>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.</li> <li>Have an adult available on the date of delivery.</li> <li>Homeowner will be responsible to have coolers available to transfer the existing food from the old refrigerator,</li> </ul>								
. b	oecause seve Cooperate w	eral hours are requith the delivery ar	iired for a ne id installation	w refrige n team a	rator to come up to corre nd sign all necessary forms	ct temperature. s on the date of delive		
I have read	d the above a	nd agree to the tern	ns set forth. I	also unde	ore the new one is installe rstand that if a delivery is sch in forfeiture of replacement re	eduled, I must be presen	t or have an adul	
Client Sign		and return original o	– copy. Replacer	 Da nent refrig	te erator cannot be ordered unti	— I the signed original is rec	eived.	

S:\Project Warmth\DTE and CE Rebates\FORMS - DTE Energy Test & Tune & Refrigerator Program



# A Community Action Agency

## OAKLAND LIVINGSTON HUMAN SERVICE AGENCY

Energy Services – DTE refrigerator replacement program

## SELF DECLARATION OF INCOME AND HOME OWNERSHIP

	2	
APPLICANT NAME:		
PPLICANT ADDRESS:	CITY:	ZIP:
PPLICANT PHONE:	ALTERNATIVE NUMBE	R:
,	SELF DECLARATION	
. Total number of household members	s currently living in the above household:	:
***************************************	*	
Total GROSS household income (income members over the age of 18:	come before tax deductions) for the past 1	12 months for all household
\$		
. Source of above reported income:		
<ul> <li>□ paystubs</li> <li>□ Social Security/ SSI documents</li> <li>□ unemployment letter/Marvin statem</li> <li>□ pension letter</li> <li>□ DHS budget letter</li> </ul>	nent	
☐ child support documentation, etc.		
	HOMEOWNERSHIP	
Do you own your home/manufact	tured home? 🗆 Yes 🗆 No	
I the applicant certify the information I havunderstand that this declaration is subject to companies to provide 12 month prior as well homeownership verification.	o verification and or audited by OLHSA	. I authorize all utility
Applicant Signature	Date	