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Chief Executive Officer

**Central Office**

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

You are eligible to receive a free refrigerator replacement from DTE Energy if you meet the following criteria:

- |   |           |          |
|---|-----------|----------|
| 1. Do you have an active DTE account?                     | Yes _____ | No _____ |
| 2. Do you own your own home?                              | Yes _____ | No _____ |
| 3. Was your fridge manufactured in 2000 or earlier?       | Yes _____ | No _____ |
| 4. Have you completed and included Self Declaration Form? | Yes _____ | No _____ |

If you answered “no” to any of the four questions above, you **do not** qualify for the program at this time. Do not complete or return the agreement form to OLHSA. Thank you for your time and interest!

If you answered “yes” to the four questions above, you may qualify for the 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 limited time. If your refrigerator qualifies, return the completed agreement form and Self Declaration Form to OLHSA no later than **November 15, 2013**. Both forms can be returned one of four ways:

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

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

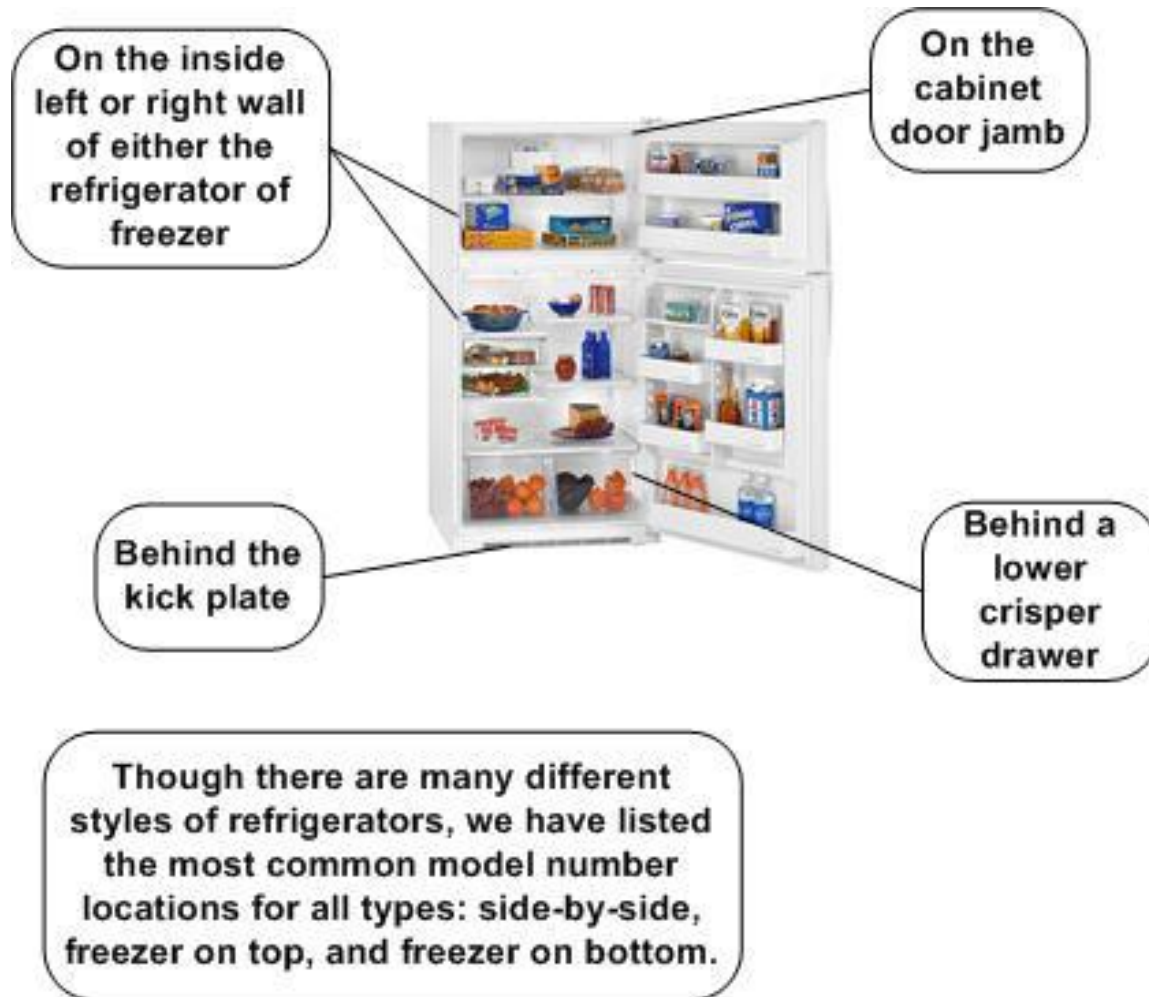
**This program is on a first come, first serve basis with limited funding!** We may not be able to accommodate all requests for a refrigerator replacement, so please return the agreement form as soon as possible if you are interested in participating.

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



## 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.



**DTE 2013 EEA Program Special ENERGY STAR® Refrigerator – ELECTRIC**

Oakland Livingston Human Service Agency, 196 Cesar E Chavez, Pontiac MI, 48343, 248-209-2616

DTE Account# \_\_\_\_\_  Single Family Home  Mobile Square foot of living space \_\_\_\_\_

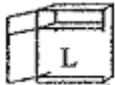

Homeowner: \_\_\_\_\_ Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Alt# \_\_\_\_\_ (city) \_\_\_\_\_ (zip) \_\_\_\_\_

**REQUIRED HOME DATA:**

<b>Are you a home owner?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Year Home Built:</b> _____	<b>Structure:</b> <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Slab <input type="checkbox"/> Crawl	<b>Water Heater Type:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Electric	<b>Heating System Type:</b> <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Heat-Pump <input type="checkbox"/> Other: _____	<b>Heating Fuel Type:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	<b>Central A/C:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**CURRENT (OLD) REFRIGERATOR DATA:**

<b>MUST HAVE THE FOLLOWING:</b>		<b>MUST HAVE BEEN MANUFACTURE PRIOR TO DEC 2000</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Manufacture Month: _____ Year: _____	Make or Brand:	Dimensions of <u>space/location</u> the <b>NEW</b> Refrigerator is going to be placed in:  H _____ W _____ D _____	
Model No:	Serial #:	Dimensions of <b>CURRENT (OLD)</b> Refrigerator:  H _____ W _____ D _____	
<b>CURRENT (OLD) Door Swing:</b> LEFT HINGE      RIGHT HINGE      SIDE by SIDE  Please indicate <b>new refrigerator door swing</b> here: LEFT HINGE      RIGHT HINGE   		Does the <b>CURRENT (OLD)</b> refrigerator have an icemaker? <input type="checkbox"/> No  <input type="checkbox"/> If yes, does it have shut off to the water line? <input type="checkbox"/> Yes <input type="checkbox"/> 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.
- 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 exiting 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 amount of household income 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.
checkbox Other, please explain \_\_\_\_\_

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