

emPower

a truenorth community service

What is emPower?

emPower is a TrueNorth Community Services program which provides assistance to qualified families throughout Michigan with heat/utility bills, energy conservation education, and self-sufficiency initiatives.

emPower can only provide financial assistance if the total income of everyone living in your home is at or less than the amount listed in chart to the left for your family size.

Heat & Energy Assistance

To qualify, your total household before-tax (gross) income must be at or below 150% of the Federal Poverty rate.

Federal Poverty Guidelines (150%)

Family Size	Gross Yearly Income	Gross Monthly Income	Approx. Hourly Income
1	\$17,820	\$1,485.00	\$ 8.57
2	\$24,030	\$2,002.50	\$11.55
3	\$30,240	\$2,520.00	\$14.54
4	\$36,450	\$3,037.50	\$17.52
5	\$42,660	\$3,555.00	\$20.51
6	\$48,870	\$4,072.50	\$23.50
7	\$55,095	\$4,591.25	\$26.49
8	\$61,335	\$5,111.25	\$29.49

Type of Assistance

emPower focuses on the heat and energy needs of those living in rural Michigan. We can help with:

Electric ❖ Natural Gas ❖ Propane
Wood ❖ Pellets ❖ Coal ❖ Fuel Oil
Other Deliverable Fuels ❖ Existing Balances

How to Apply

- Download/print application online at www.truenorthservices.org. No internet access? Contact TrueNorth for an application at 231-355-5880 or 1-855-300-8013.
- Submit **emPower** application and required documentation using one of the following:

Email: applications@tnempower.org

Mail: TrueNorth-emPower Program
PO Box 149, Fremont, MI 49412

Requirements Checklist

- Must be 18 years or older to apply.**
- Completed, Signed and Dated emPower Application.**
- Readable Copy of Applicant's Identification** (i.e. driver's license, passport, school ID, government issued picture ID).
- Proof of All Household Income** (i.e. pay stubs must be four current weeks in a row within the past 30 days, employer print off, current unemployment, retirement, Veterans Affairs benefits, current-year's Social Security award letter, self employment profit/loss statement).
- Readable Copy of Applicant's Social Security Card** (Must have Social Security numbers for all remaining members of the household).
- Copy of Utility Bill(s)** (No bill required for propane, fuel oil, firewood, wood pellets, or coal unless you have a past due or back balance on your account).

Important Requirements

The following are important requirements for applying for assistance:

- Households may only receive assistance from one helping agency, such as; TrueNorth. This means that your household may not have as much money available based on where you apply for help.
- Households will be able to apply for help with heat and/or energy payment(s) if they:

Have a **past due notice** on an energy bill. A shut-off notice or disconnect notice is not required.

Have a fuel tank containing no more than 25% of fuel at time of delivery.

Are within the income guidelines noted above to the left.








Supply a copy of applicant's Social Security card and picture ID.

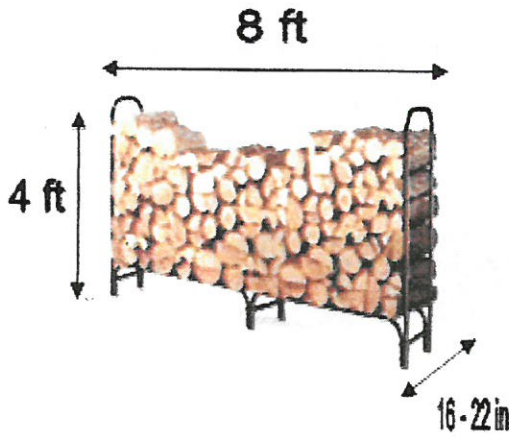
List all nine digits of Social Security numbers and birth date for each member of the household on the application.

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6308 S. Warner Avenue PO Box 149 Fremont, MI 49412
www.truenorthservices.org

Firewood

Face Cord Size: 4' x 8' x 16-22"		
TYPE OF WOOD	LOG	DESCRIPTION OF WOOD
Oak		<ul style="list-style-type: none"> Very dense Hot-burning Should season at least one year
Maple		<ul style="list-style-type: none"> Difficult to split Efficient, hot-burning Should season at least one year
Cherry		<ul style="list-style-type: none"> Burns at medium heat Sweet burning aroma Sparks a lot, doesn't produce lots of smoke
Birch		<ul style="list-style-type: none"> Burns very quickly Bright, hot-burning Good firestarter
Pine		<ul style="list-style-type: none"> High sap content Burns messy Don't use as your exclusive firewood
Elm		<ul style="list-style-type: none"> Very dense, hard wood Difficult to split Doesn't smell great as it burns
Chestnut		<ul style="list-style-type: none"> Burns and splits easily Burns at a low heat Sparks a lot, heavy smoke



Face cord and rick measure the same

3 face cord equals 1 full cord; 4 Ft deep by 4 Ft high by 8 Ft long

It is not recommended that pine be burned in an indoor woodstove; Creosote, or soot, builds up in the chimney and causes chimney fires.

1 face cord (or 1 rick) of firewood is equivalent to 25% of LP in a 500 gallon tank OR 36 bags of pellets OR 12 inches of fuel oil in a standard 275 gallon fuel oil tank

Guidelines for processing firewood orders states to ask client how many days of wood they have left as they may, or may not, understand cord, face cord, or rick amounts

Indoor woodstoves need dry wood to burn; outdoor stoves typically can burn green wood.

Fuel Oil Information

- The standard Fuel oil tank is a vertical 275 gallon tank
- The 275 gallon tank will hold 260 gallons or 44 inches
- In cold weather, average use is approximately 5 gallons or 1 inch per day
- 60 gallons or roughly 12 inches is equivalent to 25% of LP in a standard 500 gallon LP tank OR 14 days of wood OR 14 bags of wood pellets

Wood Pellet Information

- Wood Pellets generally come in 40 lb bags
- Average consumption is about 3 bags per day in cold weather
- In extreme cold consumption can increase to 5 bags or more per day
- The average consumer uses between 90-100(2 ton) per month
- 36 bags would be the equivalent of 25% LP in a 500 gallon tank or 14 days of firewood or 12 inches of fuel oil.

LP Information

- There are many different size tanks for LP; 120, 250, 330, 500, and 1000
- Average consumption in the cold weather is 2% per day
- During the warmer weather, consumption is estimated at 5% per week
- An LP tank that is 25% full is the equivalent of 14 days of firewood or wood pellets or 12 inches of fuel oil

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.

Attention Assisting Agency:

(Please provide contact information if you would like to be notified of our determination)

Agency: _____

Contact Name: _____

Phone: _____

Email: _____

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 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

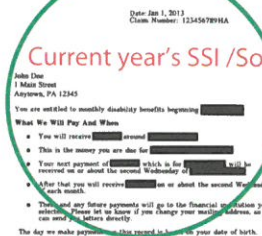
And/or Child Support, Unemployment, Cash Assistance (FIP), Adoption Subsidy/ Direct Care, Worker's Compensation, Alimony, Interest, Annuities or Dividends, Self-employment

EARNINGS STATEMENT

Sample Company Name	Sample Company Address	Sample City	Sample State	Sample Zip	Sample Date	Sample Amount	Sample Description
Sample Company Name	Sample Company Address	Sample City	Sample State	Sample Zip	Sample Date	Sample Amount	Sample Description
Sample Company Name	Sample Company Address	Sample City	Sample State	Sample Zip	Sample Date	Sample Amount	Sample Description

Past 30 days Paystubs

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

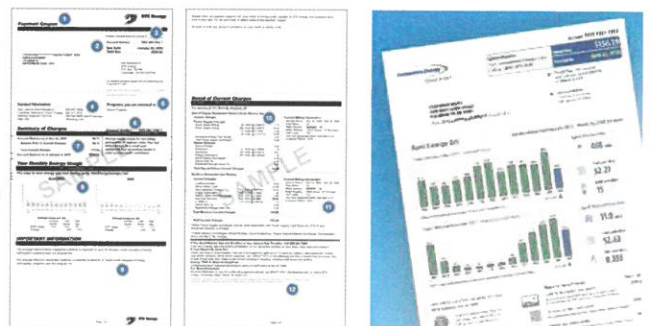


Current year's SSI / Social Security Statement

- ☐ 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?	OWN	RENT
Is any household member a veteran?	YES	NO
Have you received energy assistance from TrueNorth in the past?	YES	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 since October 1, 2016?	YES	NO
If yes, Name of Agency:	Date	
How do you heat your home?: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric Heat <input type="checkbox"/> Wood <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Coal <input type="checkbox"/> 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):

<input type="checkbox"/> Low-Income Household	<input type="checkbox"/> Job Loss
<input type="checkbox"/> Medical Hardship	<input type="checkbox"/> Other (explain):

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

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

Assistance is not dependent upon your response.

Energy Assistance You Need Help With: (Fill in the necessary information for electricity and one other heat source.)

Electric	Company Name:	Account #:
	Name on Account (Relationship to applicant):	
Natural Gas	Company Name:	Account #:
	Name on Account (Relationship to applicant):	
Propane	Company Name:	Account #:
	Name on Account (Relationship to applicant):	Percent Remaining in Tank:
	Phone # of Propane Co.:	Metered: YES / NO
	Do you cook with propane? YES / NO	Size of Tank:
<p>*Payment for propane or fuel oil will not be made if, at the time of delivery, it is confirmed that you have more than 25% of fuel remaining in your tank</p>		
Fuel Oil	Company Name:	Account #:
	Name on Account (Relationship to applicant):	Size of Tank:
	Phone # of Fuel Oil Company:	Current Inches of Fuel Oil in Tank:
Fire Wood	Provider Name:	Phone #:
	How many days of wood left:	Do you have an INDOOR or OUTDOOR Stove?
Wood Pellets	Provider Name:	Phone #:
	How many bags of pellets left?	
Other	Fuel Type:	Provider Name:
	Phone #:	How many days of fuel do you have?

Emergency Need

**Electric heat sources include solar panels, boilers, radiators, or baseboard heating but DO NOT include space heaters*

Check the service(s) that you are requesting and the amount needed to resolve the emergency for 30 days:

- ☐ Household Heating \$
If this is a prepaid account, amount in account \$
- ☐ Electricity (non-heating) \$
If this is a prepaid account, amount in account \$

Has your heat been turned off or have you run out of your only heating fuel source?

- ☐ Yes, date heat was turned off or when fuel ran out: ☐ No

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?

- ☐ Yes, number of days until fuel runs out or date service is scheduled to be shut off: ☐ No

Has your electric been turned off? ☐ Yes, date turned off: ☐ No

Have you received a past due or shut off notice for your electricity?

- ☐ Yes, when is service scheduled to be shut off: ☐ 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 | | |

☐ Tribal payments (Energy Assistance/LIHEAP, tribal GA, casino/gambling profit sharing, land claims, etc)

☐ 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.)
Have there been any changes or do you expect a change in your household income in the next 30 days?		<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"/> Health insurance premiums	Amount \$	How often paid?	Covers what time period?
<input type="checkbox"/> Court-ordered child support (paid)	Amount \$	How often paid?	Covers what time period?
<input type="checkbox"/> Out-of-pocket childcare costs (not by DHHS)	Amount \$		
<input type="checkbox"/> Unusual employment related expenses	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

- **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.

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emPower Department	Contact Information
Client Call Center	231-355-5880 1-855-300-8013
Agency Liaison Agencies Only	231-924-0641 x168 drobinson@tnempower.org
Vendor Specialist Vendors Only	231-924-0641 x183 dbush@tnempower.org
emPower Division Director Niki Fanjoy	231-924-0641 x172 nfanjoy@tnempower.org
Return applications	applications@tnempower.org
Mailing Address	TrueNorth emPower PO Box 149 Fremont, MI 49412
Website	ww.truenorthservices.org

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6308 S Warner Avenue PO Box 149 Fremont, MI 49412
231-355-5880 applications@tnempower truenorthservices.org

Service Regions 2016 / 2017

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