

\_\_\_ **Completed Application \*REQUIRED\***

\_\_\_ **Identification \*REQUIRED\***

*(example: driver's license, passport, school id, government issued picture id)*

\_\_\_ **Income \*REQUIRED\***

*(example: pay stubs, print off from employer, DHS cross match, unemployment determination, Social Security determination, bank statement)*

\_\_\_ **Copy of Utility Bill(s) \*REQUIRED\***

\_\_\_ **SER Determination Notice**

*(If you have received from DHS)*

**Submitted by:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Application packets are available at [www.truenorthservices.org](http://www.truenorthservices.org), or by contacting TrueNorth.

Submit completed application and required documentation by email, fax, or mail.



**TrueNorth Community Services**

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

Phone: 231.355.5890 or 1.855.300.8013

Fax: 231.355.3030 Email: [applications@tnempower.org](mailto:applications@tnempower.org)

Name \_\_\_\_\_ Phone/message \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_

E-mail address \_\_\_\_\_

1) Have you received utility assistance from any agency other than TrueNorth between November 13, 2013 and today?  
**Yes or No** (circle one) If yes, from whom? \_\_\_\_\_

2) Do you **own** or **rent** your home? (circle one)

3) **I need help with (check all that apply):** Electric \_\_\_ Nat. Gas \_\_\_ Propane \_\_\_ ( % of propane \_\_\_ ) Wood \_\_\_  
Fuel Oil \_\_\_ (inches of fuel oil \_\_\_) Wood Pellets \_\_\_ Coal \_\_\_ Other (explain) \_\_\_\_\_

**Utility Vendor** \_\_\_\_\_ **Name on Account** \_\_\_\_\_

**Household Information** (Please list all household members who reside in your home, including yourself)

Names of <u>All</u> Household Members	Relationship to Head of Household	Date of Birth	Last 4 Digits of Social Security Number	Employer/ Source of Income	Gross Monthly Income
First and Last Name	Self, Spouse Child, Parent, Significant Other, Friend, etc.			Cash Assistance, Earned income, SSI, SSDI, Soc. Sec., Unemployment, Child support, etc.	

**Disability Information** (Please list all **Disabled** household members who reside in your home, including yourself)

Only list names of <u>Disabled</u> Household Members	Disability Type	Do you rec SSI or SSDI? (check one)		Disability Approval/Determinat ion? (check one)	
First and Last Name	Drug/Alcohol Abuse, Physical, Mental, HIV/AIDS, Developmental, Medical, Other	Yes	No	Yes	No

**Energy Usage Question** (Please answer truthfully and accurately)

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

Use CFL light bulbs\_\_\_\_ Set thermostat to lower temperature\_\_\_\_ Reduce thermostat setting when away\_\_\_\_  
 Lowered hot water heater setting\_\_\_\_ Turn off lights and electronics when not in use\_\_\_\_ Weather-strip or wrap  
 windows/doors in plastic\_\_\_\_ None of the above\_\_\_\_ Other\_\_\_\_\_

Note: Assistance is not dependent upon your response.

### Consent for the Release of Confidential Information

In order to plan for and provide the best possible care for myself and/or my family, various agency professionals will need to share information. I give my permission to share my and/or my family's personal information as needed. I understand that this information will be used to help determine if I and/or my family are eligible for services and benefits and how best to coordinate services. The agencies ***I have initialed below*** have my permission to share information about myself and/or my family. This consent is valid until I notify TrueNorth Community Services in writing that I wish to cancel consent.

***Please initial yes in the appropriate box***

Agency	Yes	Instructions	Agency	Yes	Instructions
DHS/FIA			Salvation Army		
TrueNorth Community Services			Consumers Energy /Electric Provider		
DTE			Propane Provider -		
Other -			Other-		

Consent applies to minors (youth under age 18) living in the household as listed.

\* I understand that I may end this Consent for the Release of Confidential Information upon written notice.

\* I understand that there may have been information shared and services provided based on this consent when it was in effect. Ending this consent cannot change that.

\* I understand that generally TrueNorth Community Services may not condition my assistance on whether I sign a consent form, but in certain circumstances I may be denied assistance if I do not sign a consent form.

\* I have read and understand the information and that this information provided is true and accurate and my signature indicates that I give my full permission to share information.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

