

**Michigan Winter Protection Plan  
Payment Agreement Application Form  
Plan Available Nov. 1 - March 31**

Return completed and signed form and supporting documentation (details below) to **Michigan Gas Utilities, Attn: Customer Assistance, 700 N. Adams St., Green Bay, WI 54301**, within 10 business days of requesting Winter Protection Plan (WPP) form from Michigan Gas Utilities. Incomplete forms WILL NOT BE PROCESSED.

- If you have received a SHUT-OFF NOTICE from Michigan Gas Utilities, you **must** apply for emergency assistance at your local Department of Human Services (DHS) via <http://www.michigan.gov/dhs/> or **1-855-275-6424** as a qualification for a WPP agreement.
  - Attach all supporting documentation and proof of eligibility for State Emergency Relief or proof of eligibility for State financial assistance administered by DHS. Michigan Gas Utilities may contact the Agency to verify receipt of this form.
  - If you are 65 or older, or have NOT received a shut-off notice from Michigan Gas Utilities, you do not have to apply for DHS assistance to apply for a WPP payment agreement.
- **Important:** ALL CUSTOMERS age 64 or younger must attach a copy of **W-2 Form(s)** from most recent tax filing for all income recipients in household or include verification of eligibility for State financial assistance administered by DHS or a copy of your "Bridge Card." Any recipients of Social Security, Disability or Medicaid need to provide verification of those benefits.

**Payment Terms:** From WPP application until March 31, 2020, a WPP payment arrangement is a monthly payment of seven percent (7%) of the total annual bill at the current premise, plus a percentage of any outstanding arrears each month. After March 31, 2020 customers who have kept this payment arrangement may qualify for a recalculated arrangement designed to bring account current by October 31, 2020. **All customers are required to pay 1/12 of their account arrears up front with the WPP application.**

\*These guidelines are subject to MPSC Billing Rules changes.

Please complete this form, obtain verification of eligibility for State financial assistance administered by DHS (if you have received a shut-off notice and are not 65 or older) and send the application and copies of all applicable supporting documentation (detailed below) to Michigan Gas Utilities at the address above.

To apply:

- Be certain to enclose completed application and proof of income or DHS assistance verification, if under 65 years of age.
- Include payment (personal check, cashier's check or money order) of 1/12 of the outstanding arrears balance.

**Upon receipt of application and required documents, qualifying applicants should expect gas services to be restored within 96 hours.**

**Qualification:** To qualify, you must meet at least one of the following requirements (**check all that apply**):

☐ **I am 65 years old or older.**

- If you or your spouse are 65 or older, you do not need to have applied for or be receiving assistance or meet income requirements.
- You do not need to apply for State Emergency Relief through DHS; however, we encourage you to if you are facing financial hardship.
- If you or your spouse are 65 or older, skip down and fully complete "Customer Information" below.

☐ **I meet WPP household income guidelines** for this plan set forth by the Michigan Public Service Commission and on file with DHS.

**Annual Household Income \$** \_\_\_\_\_ **Number of household members** \_\_\_\_\_

- Attach W-2 Form, Tax Return or copy of monthly wage stubs.

☐ **I have received a disconnection notice or my service is off due to non-payment and I have applied for DHS financial assistance.**

- Verification of eligibility for State Emergency Relief or other State financial assistance if age 64 or younger.

☐ **I receive DHS financial assistance, SSI, SSD or Medicaid.**

- Attach supporting documentation – proof of benefits or "Bridge Card."

**Customer information (please print)**

Michigan Gas Utilities 15 digit account No. \_\_\_\_\_

Applicant full name \_\_\_\_\_ Applicant birth date (mo/day/year) \_\_\_\_\_

Co-applicant full name \_\_\_\_\_ Co-applicant birth date (mo/day/year) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, MI ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Work/alt. phone \_\_\_\_\_

Income source (employer name, unemployment, Social Security, etc.) \_\_\_\_\_

**Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Michigan Gas Utilities employee use only**

Employee initials \_\_\_\_\_ Date processed \_\_\_\_\_

Current account arrearage \$ \_\_\_\_\_

Calculated monthly WPP payment \$ \_\_\_\_\_/mo.