

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, P.O. Box 2176, Scottsbluff, NE 69363**, 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 **1-800-292-5650** as a qualification for a WPP agreement.
 - Attach supporting documentation and have this form signed by an DHS representative. 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) or Federal Tax Return(s)** from most recent filing for all income recipients in household or include DHS verification with this application.

Payment Terms: From WPP application until March 31, 2009, 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, customers who have kept this payment arrangement may qualify for a recalculated arrangement designed to bring account current by October 31, 2009. **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 authorized DHS signature (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 or bring the documentation into a local Michigan Gas Utilities office.

Applying by Mail:

- Be certain to enclose completed application and proof of income or DHS 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.

Applying at Local Office:

- Bring in the completed WPP application and proof of income or DHS verification, if under 65 years of age.
- Make payment (cash, 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**):

<input type="checkbox"/> I am 65 years old or older. <ul style="list-style-type: none"> ■ If you 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 have this form signed by an DHS representative. ■ If you are 65 or older, skip down and fully complete "Customer Information" below.
<input type="checkbox"/> 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 _____ <ul style="list-style-type: none"> ■ Attach W-2 Form, Tax Return or copy of monthly wage stubs.
<input type="checkbox"/> I have received a disconnection notice or my service is off due to non-payment and I have applied for DHS energy assistance. <ul style="list-style-type: none"> ■ Authorized DHS representative signature required if age 64 or younger. ■ Attach copy of DHS application or copy of assistance agency approval receipt/letter containing assistance amount.
<input type="checkbox"/> I receive Supplemental Security Income, Medicaid or Food Stamps. ID or Account No. _____ <ul style="list-style-type: none"> ■ Authorized DHS representative signature required if age 64 or younger. Attach supporting documentation.

Customer Information (please print)

Michigan Gas Utilities 8 digit Account No. _____

Applicant Full Name _____ Applicant Birth Date (mo/day/year) _____

Address _____ Home Phone _____ Work/Alt. Phone _____

City _____, MI Zip _____ Co-Applicant Full Name _____

Social Security No. _____ Co-Applicant Social Security No. _____

Income Source (Employer Name, Unemployment, Social Security, Etc.) _____

Applicant Signature _____ **Date** _____

Co-Applicant Signature _____ **Date** _____

<p style="text-align: center;">Department of Human Services (DHS) Use Only</p> <p>As an authorized representative of the DHS, I hereby verify that this applicant to the Michigan Gas Utilities WPP has applied for DHS assistance in paying their energy bill.</p> <p>_____</p> <p>DHS Representative Signature _____ Date _____</p>	<p style="text-align: center;">Michigan Gas Utilities Employee Use Only</p> <p>Employee Initials _____ Date Processed _____</p> <p>Current Account Arrearage \$ _____</p> <p>Calculated Monthly WPP Payment \$ _____/mo.</p>
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