# APPLICATION FOR STATE EMERGENCY RELIEF

Michigan Department of Health and Human Services

| Case Name | Case Number | Date |
|---|---|---|
| | | |

| MDHHS Office | Specialist |
|---|---|
| | |

| Phone Number | Fax Number | Specialist ID |
|---|---|---|
| | | |

I hereby make application for the State Emergency Relief (SER) Program. I understand that the following information will be used in the determination of my eligibility for SER. I also understand that there may be a delay in processing if there is missing information. If this application is for burial services, I understand that it must be received by the MDHHS office in my area no later than 20 business days after the burial, cremation or donation takes place.

**HOUSEHOLD INFORMATION** (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. If you are applying for **burial assistance only**, list the deceased first.

| Name | Sex (M/F) | Relationship to you | Social Security Number | Date of Birth | Citizen? |
|---|---|---|---|---|---|
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |

**HOUSEHOLD ADDRESS**

| Address (Number and street name, Apt., etc.) | City | State | Zip Code |
|---|---|---|---|
| | | | |

**MAILING ADDRESS** (if different than above)

| Address (Number and street name, Apt., etc.) | City | State | Zip Code |
|---|---|---|---|
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**CONTACT INFORMATION**

| Phone number to reach you | Contact name and number to leave messages | Email Address |
|---|---|---|
| | | |

How do you heat your home?

☐ Natural Gas ☐ Propane ☐ Wood ☐ No heat obligation
☐ Fuel oil ☐ Electricity ☐ Coal ☐ Unknown

| | | |
|---|---|---|
| Has your electricity been turned off? | ☐ Yes | ☐ No |
| If yes, date, service was turned off? | | |
| Have you received a past due or shut off notice for your electricity? | ☐ Yes | ☐ No |
| If yes, when is electric service scheduled to be turned off? | | |
| Has your heat been turned off or have you run out of your only heating fuel source? | ☐ Yes | ☐ No |
| If yes, date heat was turned off or when fuel ran out? | | |
| Have you received a past due or shut off notice for your heat or are you at risk of running out of your household heating fuel? | ☐ Yes | ☐ No |

**HOME HEATING CREDIT**

| | | |
|---|---|---|
| Did you receive the Home Heating Credit in the last 6 months? | ☐ Yes | ☐ No |
| If yes, month received? | | |
| Have you or do you currently receive other benefits from MDHHS? | ☐ Yes | ☐ No |

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**EMERGENCY NEED – Check the service(s) you are requesting and the amount needed to resolve the emergency – Attach proof**
*Payment for deliverable fuel will not be made if, at the time of delivery, it is confirmed you have more than 25 percent of fuel remaining in your tank.

| | | | |
|---|---|---|---|
| ☐ Eviction/relocation<br>☐ Security Deposit | $<br>$ | ☐ Heat<br>*If deliverable fuel, % remaining in tank | $<br>$ |
| ☐ Moving Expenses<br>☐ Mortgage | $<br>$ | If this is a prepaid account, amount in account<br>☐ Electricity | $<br>$ |
| ☐ Homeowner's Insurance<br>☐ Property Taxes | $<br>$ | If this is a prepaid account, amount in account<br>☐ Water/Sewer | $<br>$ |
| ☐ Furnace Repair<br>☐ Home Repairs | $<br>$ | ☐ Cooking Gas<br>☐ Burial/cremation services | $<br>$ |
| Type of repair needed? | $ | ☐ Migrant hospitalization | $ |

**HOUSEHOLD VEHICLE(S)**

Does your household have any vehicles? If yes, attach proof of current value. ☐ Yes ☐ No

Check all that apply.
☐ Car ☐ Truck ☐ Boat ☐ Camper/trailer ☐ Motorcycle ☐ RV ☐ Other vehicle

| Name(s) on Title or Registration | Make and Model | Year | Fair Market Value | Amount Owed |
|---|---|---|---|---|
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**HOUSEHOLD ASSETS**

For non-burial SER services, does the household have cash assets that exceed $15,000? ☐ Yes ☐ No

Does your household have any assets or joint accounts? If yes, attach proof of current value. ☐ Yes ☐ No

- ☐ Cash
- ☐ Checking account
- ☐ Savings account
- ☐ Credit union account
- ☐ Real estate
- ☐ IRA, KEOUGH, 401K or Deferred comp account(s)
- ☐ Money market accounts
- ☐ Christmas club accounts
- ☐ Life Estate
- ☐ Life insurance
- ☐ Certificate of deposit (CD)
- ☐ Savings bonds, stocks or mutual funds
- ☐ Land contract, mortgage or other note payable to household member
- ☐ Tools and equipment, livestock or crops
- ☐ Other (list)
- ☐ Expect money from a lawsuit in the next 30 days
- ☐ Patient trust fund
- ☐ Burial plot(s), casket, etc.
- ☐ Burial trust/funeral contract(s)

| Owner(s) of asset(s) | Type(s) of asset(s) | Balance amount or value | Name of bank, insurance company, etc. | Account/policy number |
|---|---|---|---|---|
| | | $ | | |
| | | $ | | |
| | | $ | | |
| | | $ | | |

*Please tell us if anyone has closed any accounts, sold or given away property, a vehicle, stocks, bonds, etc. How long ago?

*Has anyone filed a lawsuit or expect money in the next 30 days? ☐ Yes ☐ No

If yes, explain.

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**HOUSEHOLD INCOME**

| Does your household have any income? ☐ Yes ☐ No |
|---|
| Total monthly household income |
| Check all sources of income that your household expects to receive in the next 30 days. **ATTACH PROOF** |

| | |
|---|---|
| ☐ Social Security benefits | ☐ Disability benefits |
| ☐ Supplemental Security Income (SSI) | ☐ Self-employment income |
| ☐ Pension/retirement benefits | ☐ Unemployment |
| ☐ Veteran's benefits/Military allotments | ☐ Child support |
| ☐ Tribal payments (Energy Assistance/LIHEAP, tribal GA, casino/gambling profit sharing, land claims, etc.) | ☐ Employment/earned income |
| | ☐ Worker's Compensation |
| ☐ Rental income or a land contract, mortgage or other payment payable to a household member | ☐ Money from family/friends |
| | ☐ Money from family/friends |
| | ☐. Other, list (ex: lottery winnings) |

| Person With Income | Type of Income (if employed, name of employer) | Gross Monthly Income (amount before any expenses or taxes) | How often received? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
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| *Please tell us if there have been any changes or if you expect a change in your household income in the next 30 days. ☐ Yes ☐ No |
|---|
| When did or will this change occur? |

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**CURRENT HOUSING EXPENSES**

| Check all expenses you are required to pay | Monthly Expense | Name of your service provider, landlord, mortgage company, etc. | Account number | Is this a shared meter? | Is there left or illegal use? | Name and address on bill or account |
|---|---|---|---|---|---|---|
| ☐ Heat | $ | | | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| ☐ Electricity | $ | | | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| ☐ Water/sewer | $ | | | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| ☐ Cooking fuel | $ | | | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| ☐ Rent | $ | | | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| ☐ Mortgage | $ | | | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| ☐ Property Taxes | $ | | | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| ☐ Home insurance | $ | | | ☐ Yes ☐ No | ☐ Yes ☐ No | |

**HOUSEHOLD INFORMATION FOR THE PAST SIX MONTHS (**Complete the chart below to tell us about your expenses, income and how many people live with you for the last six (6) months. If you did not have the expense, write “NONE” in the box).

| | 1 Month Ago | 2 Months Ago | 3 Months Ago | 4 Months Ago | 5 Months Ago | 6 Months Ago |
|---|---|---|---|---|---|---|
| **Month** | | | | | | |
| # of people in home | | | | | | |
| Total monthly income | | | | | | |
| Rent/Mortgage amount | | | | | | |
| Heat | | | | | | |
| Electricity | | | | | | |
| Water, Sewer & Cooking Gas | | | | | | |

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**INCOME EXPENSES**

| Does your household pay any of the following? ☐ Yes ☐ No | | |
|---|---|---|
| Check all that apply and **ATTACH PROOF.** | | |
| ☐ Health insurance premium | Paid how often? | Covers what time period (1mo., 3 mos., etc.) |
| ☐ Court ordered child support (amount paid per month) | | |
| ☐ Actual child care costs paid by the employed person, not MDHHS | | |
| ☐ Unusual employment related expenses | Explain expense | |

**BURIAL (**If you are applying for burial services, please complete this section. Be sure to answer income, vehicle and asset questions for the individual, his or her spouse or parent(s) of a minor child). **ATTACH PROOF.**

| Name of Deceased | Date of Death | Is this a cremation? ☐ Yes ☐ No | Date of Burial/Cremation |
|---|---|---|---|
| Name of Funeral Home Handling Services | Address of funeral home | Phone Number of Funeral Home | |
| Place of Burial/Name of Cemetery or Crematory | Is payment to the cemetery or crematory separate from the payment to the funeral home? ☐ Yes ☐ No | Is there a memorial service? ☐ Yes ☐ No | |
| Did you sign a statement of Goods and Services with the funeral home? ☐ Yes ☐ No | What is the total cost of the burial/cremation? | Is the deceased a veteran? ☐ Yes ☐ No | |
| What is your legal relationship with the deceased? | Is there a contribution from family and/or friend? ☐ Yes ☐ No Amount $ | | |
| Did the deceased own his or her home? ☐ Yes ☐ No | Address of Home | | |
| If yes, is there a co-owner? ☐ Yes ☐ No | Name of Co-owner | | |
| ☐ Accident/automobile insurance | ☐ Pre-paid funeral agreement | ☐ Social Security death benefits | ☐ Veteran's death benefit |

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| ☐ Life Insurance | ☐ A Community assistance fund/fraternal organizations | ☐ Labor union benefits | ☐ Other benefit (specify source) |
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**SIGNATURE REQUIREMENT**

I understand failure to provide the above information may result in denial of my application. I understand I have **eight calendar days** to provide all verifications requested. 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. A department representative may call at my home and may contact other people in order to verify my eligibility for assistance.

I authorize the department 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 Michigan 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).

I authorize my energy company to release by phone, fax, email or their computer web site all available information about my account.

**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, UNLESS THE APPLICATION IS FOR A DECEASED PERSON. TO THE BEST OF MY KNOWLEDGE, THE FACTS ARE TRUE AND COMPLETE.**

| Signature of applicant or authorized representative | Date | Signature of Spouse | Date |
|---|---|---|---|
| Current Address | | Signature of MDHHS Specialist | Date |
| Current Phone Number | | Identification of applicant or authorized representative | |

**Notes**

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If you are not already registered to vote at your current address, would you like to register to vote? ☐ Yes ☐ No

**NOTE: If you do not check either box, MDHHS will assume you have decided not to register to vote at this time. Checking "yes" does not register you to vote. If you check "yes" or do not respond, a voter registration application will be forwarded to you.**

Applying or deciding to register to vote will not affect the amount of help that you will be provided by this department. If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration application form in private. If you believe that someone has interfered with your right to: register to vote, decline to register to vote, privacy in deciding whether to register or in applying to register to vote, or choose your own political party or other political preference, you may file a complaint with Michigan Secretary of State, PO Box 20126, Lansing, MI 48901-0726.

**HEARINGS**

If you believe any action of the department is incorrect, or if the decision to approve or deny your application is not made within 10 (ten) days of the application date, 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 Michigan Department of Health and Human Services within 90 days following the date of this form. Hearing requests should be sent to your local MDHHS office in your area. You are entitled to representation by an attorney or other person of your choice. However, the department does not pay for any legal expenses.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

**AUTHORITY:** Act 280, P.A. 1939, as amended (sections 400.6, 400.14, 400.24, 400.68 MCL); 45 CFR 283, 120(b); Low Income Home Energy Assistance Act of 1981, as amended; MCL 400.10; Administrative Codes Rules 400.7001-400.7049

**COMPLETION:** Required **PENALTY:** Denial of SER.