

Refrigerator Replacement Interest Form

Personal & Household Information

Name on DTE Account _____ Applicant/Contact Name (if different) _____

If Applicant is not DTE Account holder, describe relationship (spouse, housemate, child, etc...): _____

Address _____ Lot# _____ Phone # (____) _____ - _____

City _____ Zip _____ E-mail Address: _____

DTE Account Info: ELECTRIC # _____ - _____ - _____

My household includes: # _____ Adults (age 18 or older) # _____ Seniors (age 60 or older)
_____ Minors (age 17 or younger) # _____ Veterans
_____ Disabled persons

I attest that I am the: _____ Homeowner
_____ Renter and I own the refrigerator that is being replaced.
_____ Renter and I do not own the refrigerator. I have my landlord's permission to replace the refrigerator and I agree that it will remain in the house at the end of my lease.

My household: _____ is a manufactured/mobile home _____ has central air conditioning
(Single-wide or Double-wide) _____ has a basement

Income Qualification & Certification

To be considered for this program you must complete this certification; your household annual income must be less than the Maximum Annual Income shown in the table below for your household size and all required documentation must be provided**

Household Maximum Income based on Area Median Income (AMI):

Household Size (number of persons)	1	2	3	4	5	6	7	8
Maximum Annual Income	\$66,300	\$75,750	\$85,200	\$94,650	\$102,250	\$109,800	\$117,400	\$124,950

I certify that my household annual income is \$ _____

Income Source (select all that apply)

Salary or Wages Social Security/Pension/Retirement Self Employment Income
 Unemployment Benefits Other _____

Qualified Assistance - a member of my household receives assistance from the following program (select all that apply)

DHS (Department of Human Services) FIP (Family Independence Program) SER (State Emergency Relief)
 SSI (Supplemental Security Income) WIC (Women, Infants & Children) SDA (State Disability Assistance)
 THAW (The Heat & Warmth Fund) WAP (Weatherization Assistance Program)
 TANF (Temporary Assistance for Needy Families) LIHEAP (Low-Income Home Energy Assistance Program)

Statement of No Income I certify that the following adult(s) in my household have No Income:

Name Reason for No Income (unemployed, FT student, FT caregiver, etc...)

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By signing below, I certify that the information I have provided is true, accurate, and complete to the best of my knowledge. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application will be denied.

Name (printed) **Signature** **Date**

Required Documentation

All applicants must submit:

- Current proof of assistance from a qualifying program (listed above) **OR**
- Income documentation for each adult in the household who has income (must show YTD or 30-days' worth of information and might include: paystub(s), social security or pension benefit award letter, tax return or W2 for most recent completed tax year)

Manufactured/Mobile Homeowners must also submit:

- Certificate of Mobile Home Title

Refrigerator Replacement Interest Form

Refrigerator Information

OLD REFRIGERATOR → → **Old Refrigerator Manufacture Year MUST be before 2014**

Brand _____

Model # _____

Manufacture Year (if known) _____

Serial # _____

Reason for replacement: refrigerator doesn't work refrigerator is inefficient I don't have a refrigerator

NEW REFRIGERATOR OPTIONS → →

Measure your refrigerator space carefully and consider that the refrigerator must fit through your entry door and any inside doorways or openings between the entry door and kitchen. If the delivery company is unable to fit the refrigerator through the door, or any opening, they will not continue with the delivery, and you will have to contact the retail partner to discuss options.

Select Size & Color:

GE 16 cu ft.
(65"tall x 28"wide x 33"deep)

Frigidaire 18 cu ft.
(67"tall x 30"wide x 30.5"deep)

LG 20 cu ft.
(67"tall x 30"wide x 34"deep)

16 cu ft. WHITE

18 cu ft. WHITE

20 cu ft. WHITE

16 cu ft. BLACK

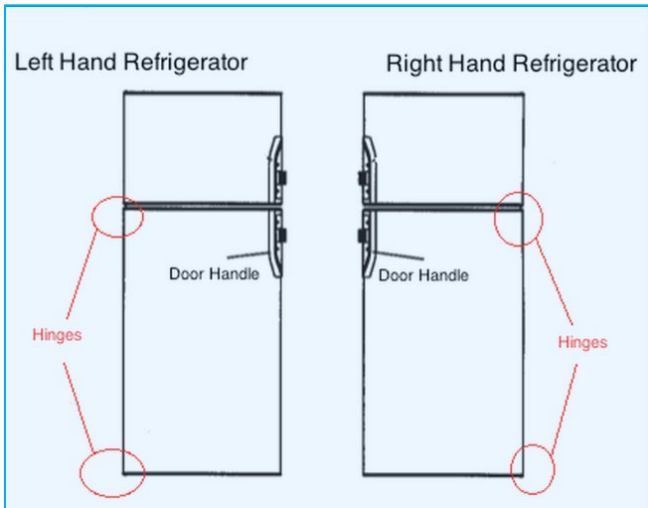
18 cu ft. STAINLESS

20 cu ft. BLACK

18 cu ft. BLACK (may require up to 4 weeks for delivery)

Select Door Swing:

Refrigerators can be delivered with hinges on either side. Refer to the image below to determine if you need a left-hand refrigerator or a right-hand refrigerator.



Left-Hand Refrigerator

Right-Hand Refrigerator

Additional Requirements & Disclaimers

- At its discretion, HHHV may require additional information regarding income and household details.
- One refrigerator per address & DTE account.
- Supplies are limited and available on a first-come, first-served basis.
- Must be the household's primary refrigerator.
- Program may change or end at any time.

All interested parties are entitled to a copy of HHHV's Complaint procedure, available at: http://bit.ly/h4h_complaint or by calling Amy at 734.822.2018. HHHV may check the sex offender registry for internal purposes which will not impact your ability to participate in the program.

Return completed form with all required documentation (listed at bottom of previous page)

Mail: Habitat for Humanity of Huron Valley ▪ 950 Victors Way, Suite 50 ▪ Ann Arbor, MI 48108

Fax: ATTN: Habitat Refrigerator Replacement Program ▪ 734.215.9843

Questions? Email: ref@h4h.org ▪ Phone: 734.358.8100 ▪ Fax: 734.215.9843