FREE Refrigerator Replacement Program
You may qualify for a new Energy Star refrigerator – delivered to your home at no cost to you!

Do I qualify?
1. Must be a DTE Energy residential electric customer
2. Must have a refrigerator manufactured before January 2014
   To verify the manufacture date, go to:
   If you need help determining the age of your refrigerator, please email ref@h4h.org or call 734.358.8100
3. Your old refrigerator must be removed by our retail partner upon delivery of your new refrigerator
4. Your Annual Household Income must not exceed the maximum limit based on household size (see application for income requirements)

How can I apply?

**Online application** (upload required documentation or provide separately by email, fax, or mail) habitatrefrigerator.org

OR

**Paper application** (return pages 1 and 2, with required documentation)

email ref@h4h.org
fax 734.215.9843

Habitat for Humanity of Huron Valley
Attn: Refrigerator Replacement Program
950 Victors Way, Suite 50
Ann Arbor, MI 48108

What happens if I’m approved?

- Habitat for Humanity’s retail partner will contact you directly to arrange delivery
- Habitat for Humanity’s retail partner will deliver your new refrigerator and remove your old refrigerator
- You enjoy your new, Energy Star refrigerator!

Your new refrigerator will be a full-sized, white or black, ENERGY STAR qualified refrigerator with the freezer on top.

All of our Energy Star refrigerators are frost-free and include:
- 2 refrigerator shelves
- Refrigerator door shelves (General Electric - 2, Frigidaire - 3, LG - 2)
- 1 freezer shelf
- 2 freezer door bins
- 1-year limited manufacturer’s warranty

Available sizes:

1. 16.6 cubic feet
   General Electric
   Model # GTE17DTNR
   65” H x 28” W x 32 3/4” D
   Available in white only

2. 18.3 cubic feet
   Frigidaire
   Model # FFHT1835V (white)
   Model # FFHT1814V (black)
   67” H x 30” W x 30 1/2” D
   Available in white or black

3. 20.2 cubic feet
   LG
   Model # LTCS20020
   67” H x 30” W x 33 1/3” D
   Available in white or black

Additional Requirements & Disclaimers
One refrigerator per address and DTE account • Supplies are limited • Available on a first-come, first-served basis
Program may be terminated at any time • Must be household’s primary refrigerator

Questions? E-mail: ref@h4h.org • Phone 734.358.8100 • Fax 734.215.9843
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):

<table>
<thead>
<tr>
<th>Household Size (number of persons)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Annual Income</td>
<td>$66,300</td>
<td>$75,750</td>
<td>$85,200</td>
<td>$94,650</td>
<td>$102,250</td>
<td>$109,800</td>
<td>$117,400</td>
<td>$124,950</td>
</tr>
</tbody>
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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) ___ 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...)

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

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 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**

<table>
<thead>
<tr>
<th>Brand</th>
<th>Model #</th>
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<table>
<thead>
<tr>
<th>Manufacture Year (if known)</th>
<th>Serial #</th>
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Reason for replacement:  
☐ refrigerator doesn't work    ☐ refrigerator is inefficient    ☐ I don't have a refrigerator

**NEW REFRIGERATOR**

Please measure your refrigerator space carefully and consider that the refrigerator has to fit through your entry door and any inside doorways or openings between the entry door and kitchen.

Select Size & Color:

- ☐ 16 cu ft. WHITE  
  (65” tall x 28” wide x 33” deep)
- ☐ 18 cu ft. WHITE  
  (67” tall x 30” wide x 30.5” deep)
- ☐ 20 cu ft. WHITE  
  (67” tall x 30” wide x 34” deep)
- ☐ 18 cu ft. BLACK  
  (67” tall x 30” wide x 30.5” deep)
- ☐ 20 cu ft. BLACK  
  (67” tall x 30” wide x 34” deep)

Select Door Swing:

- ☐ Left-Hand Refrigerator
- ☐ Right-Hand Refrigerator

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.

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](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

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