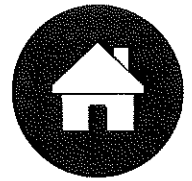


State Emergency Relief (SER)



Emergency Need

What services are you requesting? Check below and list the amount needed to resolve the emergency.

<input type="checkbox"/> Heat (see details below)	<input type="checkbox"/> Property Taxes \$ _____	<input type="checkbox"/> Burial/Cremation \$ _____
<input type="checkbox"/> Electricity (see details below)	<input type="checkbox"/> Homeowner's Insurance \$ _____	<input type="checkbox"/> Migrant Hospitalization \$ _____
<input type="checkbox"/> Water/Sewer \$ _____	<input type="checkbox"/> Mortgage \$ _____	<input type="checkbox"/> Security Deposit \$ _____
<input type="checkbox"/> Cooking Gas \$ _____	<input type="checkbox"/> Home Repairs \$ _____	<input type="checkbox"/> Moving Expenses \$ _____
<input type="checkbox"/> Eviction/Relocation \$ _____	<input type="checkbox"/> Furnace Repair \$ _____	

Heat Request Details

How do you heat your home?

<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Wood	<input type="checkbox"/> Other:
<input type="checkbox"/> Electricity	<input type="checkbox"/> Coal	<input type="checkbox"/> Fuel Oil	

Describe your current situation:

My heat has been turned off/I have run out of my household's heating fuel source.

I have received a past due or shut off notice/I am at risk of running out of my household's heating fuel source.

Date of shut off _____ / _____ / _____ Current balance \$ _____ (If prepaid account) % remaining in tank _____ % ← To qualify, tank cannot be more than 25% full

Electricity Request Details

Describe your current situation:

My electricity has been turned off

I have received a past due or shut off notice

Date of shut off _____ / _____ / _____ Current balance \$ _____ (If prepaid account)

Michigan Department of Health and Human Services

Your Name:
Individual ID #:



State Emergency Relief (SER)

Current Housing Expenses

Do you pay for any housing expenses? _____ If yes, list below. _____ No

	Name of Service Provider	Name on Bill/Account	Account #	Is This a Shared Meter?	Is There Theft or Illegal Use?
Heat	_____	_____	_____	Y N	Y N
Electricity	_____	_____	_____	Y N	Y N
Water/Sewer	_____	_____	_____	Y N	Y N
Cooking Fuel	_____	_____	_____	Y N	Y N
Rent/Mortgage	_____	_____	_____		
Property Taxes	_____	_____	_____		
Home Insurance	_____	_____	_____		

Household Information

Tell us about your expenses, income, and the people who have lived with you over the past 6 months.

	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 (Before Tax)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Rent/Mortgage	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Heat	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Electricity	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Water/Sewer /Cooking Gas	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Is anyone in the household fleeing from felony prosecution, an outstanding felony warrant or jail? _____ If yes, who? _____ No

Is anyone in the household in violation of probation or parole? _____ If yes, who? _____ No

Michigan Department of Health and Human Services

Your Name:
Individual ID #: