

# ENERGY SUPPLIER PARTICIPATION AGREEMENT

Michigan Department of Human Services

Statement of conditions for participation in Michigan's Low Income Home Energy Assistance Program (LIHEAP) in accordance with the Low Income Home Energy Assistance Act of 1981, as amended. LIHEAP is one of the funding sources for the State Emergency Relief Program and the Home Heating Credit.

1. The energy supplier\* shall not charge the eligible household any more than the difference between the normal charge for the service and the payment amount received or expected from the department.
2. The energy supplier shall not adversely treat or discriminate against any eligible household in regard to terms and conditions of sale, credit, delivery, or price because of program participation.
3. The energy supplier agrees to comply with applicable state law and/or Michigan Public Service Commission regulations.
4. The energy supplier shall apply the energy assistance payments to residential accounts only.
5. The energy supplier shall assure that the benefit of any energy assistance payment accrues to the household for which the payment is made.
6. The energy supplier agrees to assist and cooperate in Michigan's Department of Human Services efforts to recover any duplicate, inappropriate, or incorrect energy assistance payments made to the supplier. All refunds requested by a vendored customer will be refunded to the Michigan Department of Human Services. The department will determine the amount of refund the client is eligible for based on the State of Michigan's payments toward energy bills.
7. The energy supplier shall retain all books, records and other documents relevant to normal billing procedures following their normal business practices, and upon reasonable notice to the energy supplier, a duly authorized representative of the Michigan Department of Human Services shall have full access to said materials to audit, sample or otherwise evaluate the LIHEAP program.
8. The use or disclosure of information concerning service applicants or recipients shall be restricted to purposes directly connected with the administration of the programs covered by this Agreement.
9. The department reserves the right to cancel this agreement by giving 15 days notice to the energy supplier. The energy supplier may terminate the agreement immediately upon written or verbal notice to the department.
10. The energy supplier shall comply with the provisions of Act 453, PA 1976, which prohibits discrimination on the basis of race, color religion, national origin, age, sex, height, weight, or marital status.

## SEE PAGE TWO

\*Note: Residential landlords and/or residential management companies are not considered to be energy suppliers and are not eligible to be enrolled as an energy supplier in the LIHEAP program.

AUTHORITY:	Low income Home Energy Assistance Act of 1981, as amended.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
COMPLETION:	Voluntary	
PENALTY:	The provider will not be able to receive payments under Michigan's LIHEAP Program.	

The undersigned energy supplier agrees to comply with the conditions on page one of this form as a participant in the LIHEAP program, effective with the signature date of this agreement and declares that to the best of his/her knowledge, the information given is true, correct and complete.

\_\_\_\_\_  
Signature of Authorized Representative of Energy Supplier

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Signature Date

Return to: MICHIGAN DEPARTMENT OF HUMAN SERVICES  
ADULT AND FAMILY SERVICES – STE 1306  
PO BOX 30037  
LANSING MI 48909

1. Name of Company
2. Telephone Number A/C(        )
3. Address (Number & Street) _____ City, State & Zip Code
4. Federal Employer ID Number (if none use Social Security Number)
5. Type of Fuel Supplies <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood <input type="checkbox"/> LP Gas <input type="checkbox"/> Coal <input type="checkbox"/> Kerosene <input type="checkbox"/> Electricity <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other (indicate fuel) _____
6. Name and Title of Contact Person for Business

Disenrollment, changes or additions may be made by calling 1-800-292-5650.