

APPLICATION FOR HOMELESS SHELTER DISCOUNT

MAIL TO: Homeless Shelter Discount Program Coordinator LAN-214-25, Consumers Energy, 530 W Willow St. Lansing, MI 48906

ACCOUNT INFORMATION (As shown on energy bill)		
Applica	ant Name	
Mailing Address (Street Address)		Mailing Address (City, State, Zip Code)
Daytime Phone Number		E-mail Address
()		
Accour	nt Number	
Contact Name		Contact Title
	entity is a Homeless Shelter and meets the gue energy bills for December, January and Febr	uidelines specified below. As such, a 25% discount against the amount ruary is requested for:
	Electric Service Gas Service	
	TERMS, CONDITIO	ONS AND CUSTOMER REQUIREMENTS
1.	administers shelter facilities with ten or more	serve the homeless, which is the applicant's primary purpose, and beds. (Such facilities may be at various facilities in the name of the ach facility must be to provide shelter. A room, rooms or floor of a es not qualify).
2.	Applicant is a registered 501(c)(3) nonprofit of	corporation under the Internal Revenue Service code.
3.	Applicant must purchase gas or electric heating distribution service to receive, and continue r	ing supply from Consumers Energy Company (the Company) as well as eceiving, a discount of 25% on energy bills.
4.	 All other requirements for service shall be governed by the Company's Rate Book, including any future revisions and amendments filed with and approved by the Michigan Public Service Commission. 	
5.	i. If requested by the Company, Applicant shall provide evidence of eligibility.	
6.	. This document may be generated or delivered by facsimile or electronic transmission, which shall be deemed an original, and may be imaged and stored electronically and introduced as evidence in any proceeding as if the original business record. Neither the Applicant nor the Company will object to the admissibility of such images as evidence any proceeding on account of having been stored electronically.	
	LICANT ACKNOWLEDGES HAVING READ S UIREMENTS ARE MET.	AID TERMS AND CONDITIONS AND WARRANTS THAT CUSTOMER
	(Applicant Signature)	(Date of Application)
	(Print Name)	
	(Print Title)	