



**CITY OF BAY CITY
WINTER PROTECTION APPLICATION FORM
November 1, 2016 – March 31, 2017**

Customer Information:

City of Bay City Utility Account Number: _____
 Applicant Full Name _____ Applicant Birth Date _____
 Address _____ Home Phone _____ Alt. Phone _____
 Applicant Signature _____ Date _____

<input type="checkbox"/> I meet WPP household income guidelines for this plan set forth by Michigan Public Service Commission Annual Household Income \$ _____ Number of household members _____ <ul style="list-style-type: none"> • Attach copy of W-2 form, Tax Return, or copy of monthly wage stubs
<input type="checkbox"/> I receive DHS financial assistance, SSI, SSD, or Medicaid <ul style="list-style-type: none"> • Attach supporting documentation – proof of benefits or “Bridge Card”
<input type="checkbox"/> Full Time Active Military <ul style="list-style-type: none"> • Attach supporting documentation – proof of active military
<input type="checkbox"/> Critical Care or Certified Medical Emergency <ul style="list-style-type: none"> • Attach supporting documentation – proof of medical condition from care provider

Winter Protection Guidelines:

- All customers must provide a copy of W-2 Form(s) from most recent tax filing year for all income recipients in household or include verification of eligibility for State financial assistance administered by DHS or a copy of your "Bridge Card". Any recipients of Social Security, Disability, or Medicaid need to provide verification of those benefits.

Payment Terms:

- From WPP application until March 31, 2017, a WPP payment arrangement is a monthly payment of seven percent (7%) of the total annual bill at the current premise, plus a percentage of any outstanding arrears each month. After March 31, 2017 customers who have kept this payment arrangement may qualify for a recalculated arrangement designed to bring account current by October 31, 2017.
- WPP payments are due by the monthly due date of the Utility Bill.
- **Utility Service can be disconnected if the WPP agreement payments are not made in accordance to this application.**
- **ALL CUSTOMERS ARE REQUIRED TO PAY THE FIRST INSTALLMENT WITH THE WPP APPLICATION.**

City of Bay City Employee Use Only	
Est Annual Bill	\$ _____
Est Bill Payment	\$ _____
Arrearage	\$ _____
Est Arrear Pmt	\$ _____
Monthly Pmt	\$ _____
Employee	_____
Date	_____
_____ Payment Plan Entered	
_____ Account Coded	
_____ Penalty Coded	

Winter Protection Plan 2016-2017 Income Guidelines	
Number of Household Members	Maximum Income
1	17,820.00
2	24,030.00
3	30,240.00
4	36,450.00
5	42,660.00
6	48,870.00
7	55,095.00
8	61,335.00
Add \$6,240 for each additional household member	