

PATHWAYS Terms, Conditions, & Release of Information

Your enrollment in the Great Lakes Energy/True North Community Services PATHWAYS program is conditional based on acceptance and compliance of the following Terms and Conditions. Once verified, if found not in compliance or fraud has occurred, intentional or otherwise, the member and electric account are subject to immediate and permanent removal from the PATHWAYS program.

PLEASE READ CAREFULLY, SIGN and DATE

1. The Great Lakes Energy account is in my name or I am listed as a responsible party for the account. *Proof of residency may be required.*
2. The service address for which I am applying for assistance is my permanent residence. *Verification of driver's license or voter's registration may be required.*
3. The meter for this account services only the residence in which I live and is not for another home, business, or farm use.
4. I understand that as part of the enrollment process, I may be required to provide proof of all qualifying household income. Including, but not limited to Federal Tax Return transcripts; recent employment, Social Security, or income assistance records; Unemployment, pension, or Worker's Compensation records; Alimony or spousal support records, including divorce decrees if applicable; rental income receipts; DHHS records for the current plan year (October 1st – September 30th); dividend payout, annuity, or interest records.
5. To support my participation in the PATHWAYS Program, I understand I will receive program-related communication in the form of mail, email, phone, or text.
6. I understand there are social media sites specific to the PATHWAYS program designed to assist myself and fellow enrollees in support of self sufficiency and Energy Optimization. I also understand I can request access upon enrollment.
7. I agree to notify Great Lakes Energy if my household is no longer eligible for the PATHWAYS program.
8. I agree to notify Great Lakes Energy if I move or relocate and understand that this program is specific to the location in which I currently reside. I also understand that, prior to the last month of the program, if I should relocate to another address serviced by Great Lakes Energy, I could transfer the program to the new address if my account is in good standing and not in default.
9. I understand that prior and during enrollment, Great Lakes Energy will exchange information specific to my account with collaborating agencies for the sole purpose of facilitating the PATHWAYS program.
10. I understand that I am responsible for my payment portions of this program and, to be in good standing, all payments must be made by the due date on my bill. **Enrollment will NOT prevent disconnect through any normal delinquent processes.**
11. I understand that any amounts owed on the account during and after the program are my responsibility, should default occur. Default is defined as late payment after enrollment or MEAP cap has been met and no other funding is available.
12. I understand that once default or disconnection for non-pay has occurred, the account is subject to immediate and permanent removal from the PATHWAYS program.

By signing below, I have read, understand, and agree to the Terms and Conditions. In addition, I agree to the following Release of Information. No valid signature constitutes PATHWAYS enrollment denial.

I authorize Great Lakes Energy to release all available information needed to assist my enrollment in the PATHWAYS program.

I authorize Great Lakes Energy and/or True North or any of their agencies to release my name and address to DHHS, it's affiliates/or contracted agencies for the purpose of research, study, and evaluation of the LIHEAP and/or MEAP programs.

I understand that all program inquiries specific to my account can only be made by a responsible party or owner of the account. I also understand that Great Lakes Energy billings will reflect the total amount due for any given billing month and not the PATHWAYS program percentage required to pay.

Signature of applicant	Date	Signature of responsible party or spouse	Date
Address		Phone number	
Email	Agency representative		
Great Lakes Energy account number	For office use		

