ENERGY ASSISTANCE APPLICATION

The Office of Home Energy Programs will review your application for ALL MEAP and EUSP programs that apply.

PLEASE *PRINT* ALL INFORMATION

Please complete the front and back of this form. Return completed form to the local OHEP office along with the following:

- Proof of household's gross income received in the 30 days prior to the date you sign this application
- Proof of identification and proof of residence
- A current electric bill and/or a current gas bill (if you are responsible for paying for heat)

1.

Social Security Number _____ Home phone number _____

Name _____ Other phone number ☐cell phone ☐work ☐friend ☐relative _____

Mailing Address _____ Your Street Address (if different from your mailing address or if you've moved) _____

City, State, Zip _____

(Check one) ☐ Apartment or Multi-Family ☐ Double, Row or Townhouse ☐ Single Family Home ☐ Mobile Home

(Check one) ☐ Homeowner ☐ Renter* ☐ Roomer/Boarder*

*If you rent: Do you receive reduced rent through help from HUD or subsidized housing (Section 8)? ☐ Yes ☐ No

2. RENTERS ONLY Is heat included in the rent? ☐ Yes ☐ No

Landlord's Name/Apartment Complex: _____

Landlord's Mailing Address: _____

City: _____ State: _____ Zip: _____

Landlord's Phone Number: (_____) _____

OFFICE USE ONLY

FED ID/SS# _____

Date Returned _____

3. Fill in all spaces below for **ALL** household members **(list yourself first).**

TOTAL NUMBER OF HOUSEHOLD MEMBERS IS _____

Please use the following choices for "Race": 1. African American 2. White 3. Hispanic 4. Asian or Pacific Islander 5. Native American or Alaskan Native 6. Multi-Racial 7. Other

FIRST and LAST NAME	SOCIAL SECURITY NUMBER	BIRTHDATE M/D/Yr	RELATION TO APPLICANT	Sex M/F	Race Code	Amer. Cit. (Yes or No)	Disabled (Yes or No)	**List all Types of income**	30-day Gross Income
1.		/ /	APPLICANT						
2.		/ /							
3.		/ /							
4.		/ /							
5.		/ /							
6.		/ /							

If there are more persons living in household, please list them on separate paper.

(Turn Over)

4. ELECTRIC COMPANY INFORMATION

SSN Number _____

My electric company is _____

The name on the account is _____ Account Number _____

I have a turn-off notice from this company: ☐YES ☐NO My service is turned off now: ☐YES ☐NO

☐YES ☐NO I would like to participate in USPP (Utility Service Protection Plan) to prevent shut-off of service if I get behind on my bill. I understand I do not have to participate in USPP to receive EUSP benefits. I also understand that no money will be paid to my account through USPP, but I will be required to make monthly payments.

If you have selected an alternate electric supplier, list the name here: _____

5. CHECK ONE BOX BELOW FOR THE MAIN HEATING SOURCE OF YOUR HOME

☐Electricity ☐Utility Gas ☐Propane ☐Oil ☐Kerosene ☐Coal ☐Wood

My heat supplier or fuel Company is _____

Account Number _____ The name on the account is _____

UTILITY GAS CUSTOMERS ONLY:

I have a turn-off notice from this company: ☐YES ☐NO My service is turned off now: ☐YES ☐NO

☐YES ☐NO I would like to participate in USPP (Utility Service Protection Plan) to prevent shut-off of service if I get behind on my bill. I understand that no money will be paid to my account through USPP, but I will be put on a monthly payment plan. I also understand I do not have to participate in USPP to receive EUSP benefits.

If you have selected an alternate supplier, list the name here: _____

6. Other Information

a. Do you wish to be referred to the Weatherization Assistance Program. ☐Yes ☐ No

b. If you do not want to enroll in a specific program, please indicate program and reasons below:

Program: ☐MEAP ☐EUSP Reason _____

7. The applicant or proxy must sign this application before it can be processed.

I declare that the information provided to OHEP is true, correct and complete. I understand that when this application is signed,

Permission is given: 1) for the Office of Home Energy Programs (OHEP) to check all household income, bank accounts, housing expenses, insurance and any other benefits; 2) for other governmental/non-governmental agencies to give and/or receive information from OHEP needed to complete this application; and 3) for my gas/electric company or other agency giving a service/benefit to have information on this application given to them and/or received from them.

An appeal can be filed to change the decision on this application or if help is not given in a reasonable time. The appeal must be filed within 15 days of the decision. The local agency will tell me how to file. Free legal advice is available through the Legal Aid Bureau by calling toll-free 1-800-999-8904.

Maryland has a fraud law. Punishment can occur for not telling the truth when applying for assistance to pay home energy costs.

⇨ _____

Applicant's Signature **Date**

OFFICE USE ONLY:

COUNTY	CENTER	DATE RECEIVED	INTAKE WORKER SIGNATURE	DATE
# in HH	TOTAL INCOME	SUB/HUD ☐YES ☐NO	CERTIFIER SIGNATURE	DATE
WORKER'S COMMENTS				

	MEAP	EUSP BILL ASSISTANCE	EUSP ARREARAGE	MEAP CRISIS CODE
ANNUAL USAGE				
BENEFIT AMOUNT				POVERTY LEVEL
DENIAL CODE				