

MARYLAND DEPARTMENT OF HUMAN SERVICES OFFICE OF HOME ENERGY PROGRAMS **ENERGY ASSISTANCE APPLICATION**

PLEASE <u>PRINT</u> ALL INFORMATION. Be sure to fill out all information clearly and completely. Please note: In order to be eligible for electric grants, the bill must be in the applicant's name.

Name	Primary Phone Number ☐ Home ☐ Cell ☐ Work ☐ Friend/Relative
Mailing Address	Secondary Phone Number ☐ Home ☐ Cell ☐ Work ☐ Friend/Relative
City, State, Zip	Street Address (If different from your mailing address or if you have moved)
Email Address	
Social Security Number	
1. LIVING ARRANGEMENTS	
Do you live in a:	
☐ Apartment or Multi-Family ☐ Double, Ro	ow or Townhouse Single Family Home Mobile Home
Are you a (Check one): ☐ Homeowner ☐ Renter ☐ Roo	mer/Boarder
*If you rent:	
Is your rent reduced through help from HUD or	Subsidized Housing (Section 8)? ☐ Yes* ☐ No
*If you answered yes to this question, do you re	ceive Utility Allowance?
2. RENTERS ONLY	
Is your heat included in the rent? $\ \square$ Yes	□ No
Landlord's Name/Apartment Complex:	
Landlord's Mailing Address:	
-	State: Zip:
Landiord's Phone Number. ()	Email Address:
3. CRISIS INFORMATION	
☐ My electricity has been disconnected	☐ I have received notice that my electricity will be disconnected
☐ I have no heating fuel	☐ I have less than 3 days of heating fuel
☐ My furnace is broken	☐ My tank has been removed
☐ I have received an eviction notice (If you have an eviction notice, you may be referred to another program)	☐ The loss of electric/gas service will aggravate an existing serious illness or prevent the use of life support equipment. (Physician's Certification is required).

4. HOUSEHOLD INFORMATION - Fill in all spaces below for ALL Household members, even if they are not related to you or helping financially.

Total # of household members 18 years and over is.

Total # of household members is

	GROSS 30 DAY AMOUNT									
For each household member in the table below, list all sources of income received in the last 30 days. For examples of income, refer to the application instructions.	SOURCES OF GF									
the table be last 30 application	VETERAN (YES or NO)									
ember in t eived in th efer to the	DISABLED VETERAN (YES or NO)									
For each household member in the table below, list sources of income received in the last 30 days. For examples of income, refer to the application instruction	AMERICAN CITIZEN (YES or NO)									
each ho ces of ir nples of	RACE	COUE								
For e sour exan	SEX M/F									
7. Other	RELATIONSHIP TO APPLICANT	APPLICANT								
	BIRTHDATE M/D/YR	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
"Race": 4. Asian, Hawaiian or Pacific Islander 5. American Indian or Alaskan Native 6. Multi-Racial	SOCIAL SECURITY NUMBER									
Please use the following choices for "Race": 1. Black or African-American 2. White 3. Hispanic 6. Multi-F	FIRST & LAST NAME									

Please list additional household members on a separate paper.

5. ELECTRIC GRANT - Electric Universal Service Program (EUSP)								
☐ I want to apply for EUSP. I understand I will be enrolled in budget billing for 12 months to receive an EUSP benefit. I understand that the electric bill must be in my name to qualify for EUSP.								
☐ I do not want to apply for EUSP and understand that I will not receive a benefit for my electric costs. (Proceed to section 6)								
My electric company is: Name on the account:								
Account number: Turn-off notice:								
6. HEATING GRANT - Maryland Energy Assistance Program (MEAP)								
 □ I want to apply for a MEAP grant. The heating bill does not need to be in my name to qualify. □ I do not want to apply for MEAP. (Proceed to section 8) 								
CHECK ONE BOX BELOW FOR THE MAIN HEATING SOURCE OF YOUR HOME:								
☐ Electricity ☐ Utility Gas ☐ Propane ☐ Oil ☐ Kerosene ☐ Coal ☐ Wood ☐ Pellets								
My heat supplier or fuel company is: Name on the account:								
Account number: Turn-off notice:YESNO My service is off:YESNO								
7. PREVENT SHUT-OFF WITH REGULAR PAYMENT - Universal Service Protection Program (USPP)								
USPP helps me prevent a shut-off <u>as long as I continue to pay the minimum monthly payment</u> as required by my utility supplier. All MEAP eligible customers may participate in USPP. Participation also requires 12 months of budget billing. Budget billing spreads your annual utility bills into even monthly payments. Failure to make consecutive payments may result in my removal from USPP. I understand that I do not have to participate in USPP to receive MEAP benefits and no money will be paid to my account through USPP.								
☐ I want to enroll in USPP.								
8. PAST-DUE ELECTRIC BILLS - Arrearage Retirement Assistance (ARA)								
I have a past-due electric bill and would like to receive an Electric Arrearage grant to help pay the balance. I must have a past-due electric balance of at least \$300 to be considered for the grant, and I may receive up to \$2,000 for my current past-due bills. This grant is only available once every seven years, though certain waivers to this rule may apply. Electric Arrearage grants are in addition to electric benefits applicants may receive each year through the EUSP program. I must receive EUSP and enroll in budget billing to qualify for an arrearage grant.								
☐ I want to apply and be screened for an arrearage grant and understand that, if I receive this benefit, I may not be eligible for another Electric Arrearage grant for seven years.								
9. PAST-DUE GAS BILLS - Gas Arrearage Retirement Assistance (GARA)								
I have a past-due gas bill and would like to receive a Gas Arrearage grant to help pay the balance. I may receive up to \$2,000, once every seven years, though certain waivers to this rule may apply. Gas Arrearage grants are in addition to heating benefits applicants may receive each year through the MEAP program. I must have a past due gas balance of at least \$300 to be considered for the grant.								
☐ I want to apply and be screened for a Gas Arrearage grant and understand that, if I receive this benefit, I may not be eligible for another Gas Arrearage grant for seven years.								

10. ENERGY EFFICIENCY FOR YOUR HOME – DHCD Energy Efficiency Programs

If am interested in having energy efficiency improvements made to my home. This may help me reduce my overall utility consumption and help to reduce my utility bills while creating a healthier home environment. Please refer me to the energy efficiency programs provided by the Maryland Department of Housing and Community Development (DHCD). The energy efficiency improvements such as, furnace clean and tune, added insulation, and energy efficient light bulbs are offered at no additional cost to income eligible Marylanders. Landlord approval will be required for renters participating in this program. I understand I do not need to participate in DHCD's energy efficiency programs to receive OHEP benefits.

☐ YES. I want to receive energy efficiency improvements. I understand that my application information will be referred to DHCD AND I give my permission for DHCD to access my utility consumption data through my utility provider(s) in order to determine the energy efficiency improvements for which I may be eligible.

11. ACKNOWLEDGEMENT & SIGNATURE – You or your representative must sign this application before submitting.

I swear or affirm under penalty of perjury that all the information I gave to the Office of Home Energy Programs (OHEP) in this Energy Assistance Application is true, correct, and complete to the best of my ability, belief, and knowledge. I am the representative of the individual household members identified in this application, and I submit this application on behalf of myself and the other individual household members. I authorize OHEP and/or the Office of Inspector General (OIG) to investigate and confirm the accuracy and completeness of all household income and other information provided with this application, including but not limited to the use of governmental and consumer reporting agency data regarding employment income.

I consent to allow my gas, electric, oil company, or any other energy provider to provide relevant account information to OHEP and for OHEP to communicate with those providers regarding this application. I allow OHEP to release and exchange relevant information with other agencies in order to make appropriate referrals to services that may assist me to lower my energy bill or help me to better afford my energy costs. I consent for my information to be entered into other secure databases for tracking of services, statistical information, and program evaluation.

I understand that by checking 'YES' to question #10, I understand that OHEP will refer all necessary information from my application to DHCD's energy efficiency programs. I also give my permission for DHCD to access my utility consumption data through my utility provider(s) in order to determine the energy efficiency improvements for which I may be eligible. I understand that if I decide to participate in any of the energy efficiency programs at a later date, this application is my authorization for the programs to access my utility consumption data.

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 30 days of the decision. The local agency will tell me how to file. Free legal advice may be available through the Legal Aid Bureau by calling toll-free 1-800-999-8904.

Maryland has a fraud law that will be vigorously enforced for intentional misrepresentations of information contained on this application. Punishment can occur for not telling the truth when applying for assistance to pay home energy costs. If a household member intentionally misrepresents information, that member may be disqualified from the program for a set amount of time.

Date



OFFICE USE ONLY:

COUNTY	CENTER DATE RE		DATE RECEIVI	ED	# IN HH		SUB/HUD YES NO	TOTAL HH INCOME		
ELECTRIC ARREARAGE				GAS ARREARAGE						
SCREENED FOR ARA YES NO	DOCL	DOCUMENTED RECEI		JALIFY BECAUSE VED IN 7 YRS .RAGE < \$300	SCREE	ENED FOR GARA	QUALIFIES & IS DOCUMENTED YES NO		DOES NOT QUALIFY BECAUSE: RECEIVED IN 7 YRS ARREARAGE < \$300	
WORKER'S COMMENTS										
		N	EAP EUSP		ELEC	ELECTRIC ARREARAGE		GAS ARREARAGE		POVERTY LEVEL
ANNUAL USAGE*										
BENEFIT AMOUNT										
WORKER SIGNATURE		DATE	CERTIFIE	ERTIFIER SIGNATURE			DATE			

^{*}If no usage, indicate the type of fuel or whether the heat is sub-metered.