ENERGY ASSISTANCE APPLICATION

The Office of Home Energy Programs will review your application for All MEAP and EUSP programs that apply.
Note: An EUSP Benefit requires that you accept Budget Billing:

FY 2015

DHR

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 income received in the 30 days prior to the date you sign this application
- ☒ Proof of identification, of residence, and Social Security Number
- ☒ A current electric bill and /or a current gas bill (if you are responsible for paying 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

Do you Receive Utility Allowance ☐ Yes ☐ No

2. **RENTERS ONLY** Is your 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 # OF HOUSEHOLD MEMBERS IS _____ Total # of household members 18 years and over is _____

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

FIRST & LAST NAME	SOCIAL SECURITY NUMBER	BIRTHDATE M/D/Yr	RELATIONSHIP TO APPLICANT	SEX M/F	RACE CODE	American Citizen (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 the household, please list them on separate paper

(Turn Over)

4. ELECTRIC UNIVERSAL SERVICE PROGRAM (EUSP) **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 off now: ☐ Yes · ☐ No

5. MARYLAND ENERGY ASSISTANCE PROGRAM (MEAP)

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 _____

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

6. UNIVERSAL SERVICE PROTECTION PROGRAM (USPP)

☐ GAS ☐ ELECTRIC ☐ NONE Check for which service you would like to enroll in USPP. USPP helps customers prevent a shut off as long as they continue to pay the minimal monthly payment as required by their utility supplier. I understand that I do not have to participate in USPP to receive EUSP/MEAP benefits and no money will be paid to my account through USPP.

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

7. Enrollment Options

a. Unless I check 'NO' below, I consent to be referred to the energy efficiency programs at the Maryland Department of Housing and Community Development (DHCD). These programs support the EmPOWER Maryland Energy Efficiency Act and can provide improvements and repairs to my home at no cost. I understand that, unless I select 'NO'; my contact information will be referred to DHCD. I understand that I do not have to participate in DHCD's energy efficiency programs to receive OHEP benefits.

_____ NO. I do not wish to be referred.

b. I understand that my application will be processed for all eligible benefits. I am **NOT** interested in receiving the following programs:

_____ MEAP _____ EUSP (Electric Grant) _____ EUSP Arrearage (Help with Past Due Bill – only available **once** every seven (7) years)

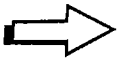
8. The applicant or proxy must sign this application before it can be processed.

I declare that the information provided to Office of Home Energy Programs (OHEP) is true, correct, and complete. I understand that when this application is signed, permission is given: 1) for the OHEP and/or the Office of Inspector General (OIG) to check all household income, bank accounts, housing expenses, insurances and any other benefits; (2) for the 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.

"Unless you checked 'NO' on question #7-a, we will refer all necessary information to the DHCD's energy efficiency programs. Your information may be shared with other organizations to confirm eligibility for other programs."

An appeal can filed to change this 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. **If a household member intentionally misrepresents information, that member may be disqualified from the program for a set amount of time.**



_____

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				