



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

PLEASE ***PRINT*** 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, Row or Townhouse    Single Family Home    Mobile Home

**Are you a (Check one):**

- Homeowner     Renter     Roomer/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 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: ( \_\_\_\_\_ ) \_\_\_\_\_ 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 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

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.

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)	SOURCES OF INCOME	GROSS 30 DAY AMOUNT
1.		/ /	APPLICANT						
2.		/ /							
3.		/ /							
4.		/ /							
5.		/ /							
6.		/ /							
7.		/ /							
8.		/ /							

If there are more persons living in the household, please list them on 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:  YES  NO My service is off:  YES  NO

## 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:  YES  NO My service is off:  YES  NO

## 7. PREVENT SHUT-OFF WITH REGULAR PAYMENT - Universal Service Protection Program (USPP)

USPP helps me prevent a shut-off as long as I continue to pay the minimum monthly payment 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 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. 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 arrearage grant for another seven years.

## 9. ADDITIONAL ELECTRIC GRANT - Supplemental Targeted Energy Program (STEP)

I am interested in taking actions to lower my energy bill through STEP. If I qualify to participate in STEP, I agree to complete educational workshops focused on lowering and maintaining my energy bill, as well as follow through with referrals to other services that may help me to afford my monthly energy costs. I will receive an additional grant paid to my utility supplier as I complete the different requirements of the program. I understand that STEP eligibility is based on a calculation of my energy expense and household income. I must receive EUSP and enroll in budget billing to qualify for STEP. I understand that STEP may not be available at this time in the county where I live.

- I want to apply for the Supplemental Targeted Energy Program (STEP).

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

I 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. 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.



\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY:

COUNTY	CENTER	DATE RECEIVED	# IN HH	SUB/HUD <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL HH INCOME
APPLICANT SCREENED FOR ARREARAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT QUALIFIES AND DOCUMENTATION IS IN FILE <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT DOES NOT QUALIFY BECAUSE: <input type="checkbox"/> ALREADY RECEIVED IN 7 YEAR PERIOD <input type="checkbox"/> ARREARAGE BELOW \$300			
WORKER'S COMMENTS					
	MEAP	EUSP BILL ASSISTANCE	ARREARAGE	POVERTY LEVEL	
ANNUAL USAGE					
BENEFIT AMOUNT					
WORKER SIGNATURE		DATE	CERTIFIER SIGNATURE	DATE	

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