

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.



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

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 | 4. Asian or Pacific Islander |
| 2. White | 5. Native American or Alaskan Native |
| 3. Hispanic | 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/Pellets

My heat supplier or fuel Company is _____

The name on the account is _____ Account Number _____

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 administered by OHEP, please indicate the 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) and/or the Office of Inspector General (OIG) to check all household income, bank accounts, housing expenses, insurances 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 <input type="checkbox"/> YES <input type="checkbox"/> NO	CERTIFIER SIGNATURE	DATE
WORKER'S COMMENTS				
	MEAP	EUSP BILL ASSISTANCE	EUSP ARREARAGE	MEAP CRISIS CODE
ANNUAL USAGE				
BENEFIT AMOUNT				POVERTY LEVEL
DENIAL CODE				