

# 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 <b>21</b>	CENTER <b>02</b>	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				POVERTY LEVEL
BENEFIT AMOUNT				
DENIAL CODE				