



MARYLAND OFFICE OF
HOME ENERGY PROGRAMS
LANDLORD AGREEMENT

RETURN THIS FORM TO:

Date: _____

Dear _____ :

Your tenant, _____, has applied for assistance under the Maryland Energy Assistance Program. Because your tenant is not responsible for paying heating costs directly, the tenant's energy assistance benefit may be paid directly to you as the provider of heat for that residence.

If you accept energy assistance benefits for any tenant, you are agreeing to reduce the tenant's rent or utility charge by the amount of the benefit you have received on his/her behalf. For example in the case where the tenant's rent payments include the cost of heating, if you receive a \$250 benefit for a tenant whose monthly rent is \$400, that tenant would pay \$150 in rent for one designated month. Respectively, in the case where the tenant's residence is sub-metered, if the monthly utility charge is \$400, that tenant would pay \$150 in utilities for one designated month.

Your tenant's Maryland Energy Assistance Program (MEAP) benefit is to be used only to reduce their rent or utility charge in relation to heating costs. Therefore, the MEAP benefit may not be used toward a security deposit or retained for dwelling damage costs.

Please complete the enclosed form and return it to the Local Administering Agency, within fifteen (15) days of the date of this letter, in the self-addressed envelope provided. Your participation in the program will help us to operate a successful energy assistance program for eligible Maryland residents.

If you have any questions, please call _____ at _____.

Sincerely,

MARYLAND OFFICE OF HOME ENERGY PROGRAMS- Landlord Agreement

I, _____, affirm that I am the Landlord (or Landlord's representative) of an applicant for energy assistance who resides in a rental unit at that I manage.

Please check the box next to the fuel type by which heat is provided:

Gas Electric Oil Propane

Please initial the appropriate lines below:

_____ I do not wish to participate in the Maryland Energy Assistance Program.

_____ I wish to participate and affirm that heating costs are (initial one of the following):

_____ included in the tenants' rent payments. I will apply the full benefit to any MEAP certified tenant's rent payment(s), reducing the amount owed by the tenant accordingly until the benefit is exhausted.

OR

_____ This facility is Sub-Metered and heating costs are payable as a separate utility charge as billed. Heating costs are not included in the rent. I will apply the full benefit to the utility charge until the benefit is exhausted. Heating costs are measured by:

(Name of Sub-Meter Gas or Electric Company)

_____ The tenant's heat is subsidized with the rent (Section 8 HUD--Housing & Urban Development).

_____ The above named housing unit has been funded through the Department of Housing & Urban Development's Below Market Interest Rate Program (BMIR) and the tenant receives a reduced rent below market rate.

_____ The tenant's rent is subsidized through a State of Maryland program. Please indicate the name of the program.

By signing this Landlord Agreement, I hereby agree to the following:

- 1) In the event of a Liability Offset reduction in the benefit check I understand that the requirements above must be met.
NOTE: Payments issued by the State of Maryland are subject to a Liability Offset. This means that each payment being issued by the State is reviewed for any obligations owed to the State. If found, it will be deducted from the check. Your obligation is still to credit the full amount of the benefit to the tenant.
- 2) I will not apply the tenant's MEAP benefit toward a security deposit or retain OHEP benefit in lieu of dwelling damages.
- 3) I will immediately notify the Agency named below should any eligible tenant move from the above address, prior to exhaustion of benefits and return the balance to OHEP.
- 4) I will notify the Agency named below if I decide to no longer participate in the Maryland Energy Assistance Program.

Landlords of roomers/boarders complete this section:

Current residents of each room may receive one benefit per room. If current residents leave, new tenants may receive a benefit for that room.

NUMBER of rooms being rented: _____

CURRENT RESIDENTS of each room. Please list residents below:

Room #1: _____

Room #2: _____

Room #3: _____

Use additional space if necessary.

I am aware that anyone who knowingly provides false information in connection with the Office of Home Energy Programs will be fined not more than \$10,000 or imprisoned not more than five years or both.

Landlord/Company Name

Office Address

Telephone Number

Email Address

Federal Tax I.D. Number or Social Security Number*

Signature of Landlord or Authorized Representative

Date Signed

*Note: This agreement is not valid if a Federal Tax I.D. or Social Security Number is not provided.

Please return this form to: _____

OFFICE USE: Date received: _____ Reviewed and approved: _____ Worker's Signature _____ Date _____
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