



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

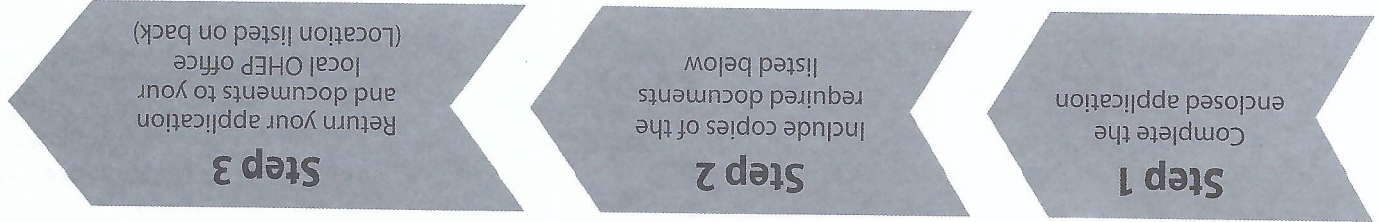


Photo ID for the Applicant (Please submit one of the following)

- Driver's license or other government issued identification card

Proof of Residence (Please submit one of the following)

- Unexpired driver's license with current address listed
- Current lease or housing letter (within last 12 months) or rent receipt from landlord with address listed
- Mortgage statement within last 30 days
- Current property tax bill or receipt

Proof of ALL Gross Income for All Household Members

- Wages (Employment/ Tips/Commission)
  - Self-Employment
  - Rental Income
  - Social Security
  - SSI/SSDI
  - Dividends
  - Interest from Savings or Checking Accounts
  - Interest or Dividends received from the redemption of bonds
  - Estate or Trust Fund Income
  - Royalties
  - Temporary Cash Assistance (TCA)
  - Temporary Disability Assistance Program (TDAP)
  - Pensions
  - Money/Income from Annuities, IRAs, or other Retirement Accounts
  - Child Support
  - Alimony or Spousal Support
  - Workman's Compensation
  - Benefits
  - Unemployment Insurance
  - Veteran's Pension
  - Mine Worker's Benefits
  - Armed Forces Dependent Allowance
  - Criminal Injuries Compensation
  - Board Payments
  - Monetary Gifts and Loans, excluding student loans
  - Employee strike funds where there is no employee contribution
  - Payments received by home care providers for adult care
  - Railroad Retirement Benefits
- If any adult household member (18 years or older) has not received any income in the last 30 days, a Declaration of Zero Income form must be signed. If no one in your household has received any income in the last 30 days, a Household Worksheet must be completed. Forms may be found at <http://www.dhr.state.md.us/energy> or by calling the number below.

Social Security Number Verification for all Household Members

- Social Security cards or other federal government-issued documents with name and SSN

Energy Bill Verification

- Most recent electric and heating (if applicable) bill

To check the status of your application online, visit [myohpstatus.org](http://myohpstatus.org). Please allow 15 days from submission for the application to be displayed.

To check the status of your application over the phone or for other questions about the Office of Home Energy Programs, call 1-800-332-6347.



**Alleghany County**  
 1 Frederick Street  
 Cumberland, MD 21502  
 (301) 784-7000  
 ACDSS.OHEP@maryland.gov

**Anne Arundel County**  
 Annapolis Office  
 251 West Street  
 Annapolis, MD 21404-1951  
 (410) 626-1900  
 energyprograms@aaccac.org

Glen Burnie Office  
 117 Delaware Avenue  
 Glen Burnie, MD 21061

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**Baltimore City**  
*Please apply at your nearest location*

**Southeast Community Action Center**  
 3411 Bank Street, 21224  
 (410) 545-6518

**Eastern Community Action Center**  
 1731 E. Chase Street, 21213  
 (410) 545-0136

**Northern Community Action Center**  
 5225 York Road, 21212  
 (410) 396-6084

**Northwest Community Action Center**  
 3939 Reisterstown Road, 21215  
 (443) 984-1384

**Southern Community Action Center**  
 606 Cherry Hill Road, 21225  
 (410) 545-0900

The email address for Baltimore City is:  
 OHEP@baltimorecity.gov

**Carroll County**  
 10 Distillery Drive, Suite G-1  
 P.O. Box 489  
 Westminster, MD 21158  
 (410) 857-2999  
 OHEP@hspinc.org

**Cecil County**  
 135 E. High Street  
 Elkton, MD 21921  
 (410) 996-0270  
 DLcecil\_Ohep\_DHS@maryland.gov

**Charles County**  
 8371 Old Leonardtown Road  
 Hughesville, MD 20637-0280  
 (301) 274-4474  
 OHEP@smccac.org

**Dorchester County**  
 627 Race Street  
 Cambridge, MD 21613  
 (410) 901-4100  
 dorchester.ohep@maryland.gov

**Frederick County**  
 420 E Patrick Street  
 P.O. Box 3929  
 Frederick, MD 21705  
 (301) 600-2410  
 ohep@cityoffrederick.com

**Garrett County**  
 104 E. Center Street  
 Oakland, MD 21550-1397  
 (301) 334-9431  
 OHEP@garrettcac.org

**Harford County**  
 1321 B Woodbridge Station Way  
 Edgewood, MD 21040  
 (410) 612-9909  
 MEAP@harfordca.org

**Howard County**  
 9820 Patuxent Woods Drive  
 Columbia, MD 21046  
 (410) 313-6440  
 clientassistance@cac-hc.org

**Kent County**  
 350 High Street  
 Chestertown, MD 21620  
 (410) 810-7600  
 Kent.ohep@maryland.gov

**Montgomery County**  
 1301 Piccard Drive  
 Rockville, MD 20850  
 (240) 777-4450  
 ohep@montgomerycountymd.gov

**Prince George's County**  
 425 Brightseat Road  
 Landover, MD 20785  
 (301) 909-6300  
 pgcdss.energy@maryland.gov

**Queen Anne's County**  
 125 Comet Drive  
 Centerville, MD 21617  
 (410) 758-8000  
 QAC.OHEP@maryland.gov

**Somerset County**  
 12409 Loretta Road  
 Princess Anne, MD 21853  
 (410) 651-1805  
 Energywicomico@shoreup.org

**St. Mary's County**  
 21775 Great Mills Road,  
 Lexington Park, MD 20653  
 301-475-5574  
 OHEP@smccac.org

**Talbot County**  
 126 Port Street  
 Easton, MD 21601-2631  
 (410) 763-6745  
 energy@nscstalbottmd.org

**Washington County**  
 117 Summit Avenue  
 Hagerstown, MD 21740  
 (301) 797-4161  
 WashingtonCountyOHEP@wccac.org

**Wicomico County**  
 500 Snow Hill Road  
 Salisbury, MD 21804  
 (410) 341-9634  
 Energywicomico@shoreup.org

**Worcester County**  
 6352 Worcester Highway  
 Newark, MD 21841  
 (410) 632-2075  
 Energywicomico@shoreup.org

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ENERGY ASSISTANCE APPLICATION



PLEASE PRINT ALL INFORMATION. Be sure to fill out all information clearly and completely.

In order to be eligible for electric grants, the bill must be in the applicant's name. You must provide documentation to prove information provided on this application. Documentation includes a copy of the applicant's photo ID, proof of where you live (this can be your utility bill), copies of Social Security Cards for everyone in your household, and proof of all gross (pre-tax) income for everyone in your household for the last 30 days. If your household received no income in the 30 days prior to this application, you must sign a Declaration of Zero Income and provide additional information.

1. LIVING ARRANGEMENTS

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Street Address (if different from your mailing address or if you have moved) \_\_\_\_\_

Primary Phone Number  Home  Cell  Work  Friend/Relative \_\_\_\_\_

Secondary Phone Number  Home  Cell  Work  Friend/Relative \_\_\_\_\_

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 no heating fuel and/or gas
- My heating system, cooling system, or water heater is broken.
- I have received an eviction notice (if you have an eviction notice, you may be referred to another program)
- My tank has been removed
- I have less than 3 days of heating fuel
- I have received notice that my electricity and/or gas will be disconnected
- 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. **Documentation of Income for each household member 18 years or older must be provided with this application.** For examples of income, and which documents we can accept for your income type, refer to the application instructions included in this packet. If any household members who are 18 years or older have not received any income in the last 30 days, you will need a Declaration of Zero Income form.

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)	VETERAN (YES or NO)	SOURCES OF INCOME	GROSS 30 DAY AMOUNT
1.		/ /	APPLICANT							
2.		/ /								
3.		/ /								
4.		/ /								
5.		/ /								
6.		/ /								
7.		/ /								
8.		/ /								

Please list additional household members on a 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 Electric 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 five years, though certain waivers to this rule may apply. Electric Arrearage grants are in addition to electric benefits applicants may receive each year through the EUSP program. I must receive EUSP, enroll in budget billing, and the electric bill must be in my name to qualify for an electric 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 Electric Arrearage grant for five years.

9. PAST-DUE GAS BILLS - Gas Arrearage Retirement Assistance (GARA)

I have a past-due gas bill and would like to receive a Gas Arrearage grant to help pay the balance. I may receive up to \$2,000, once every five years, though certain waivers to this rule may apply. Gas Arrearage grants are in addition to heating benefits applicants may receive each year through the MEAP program. I must have a past due gas balance of at least \$300 to be considered for the grant. I must receive MEAP to be eligible for a gas arrearage grant and the gas bill must be in my name.

I want to apply and be screened for a Gas Arrearage grant and understand that, if I receive this benefit, I may not be eligible for another Gas Arrearage grant for five years.

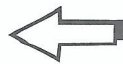


\*If no usage, indicate the type of fuel or whether the heat is sub-metered.

WORKER SIGNATURE		DATE		CERTIFIER SIGNATURE		DATE	
BENEFIT AMOUNT							
ANNUAL USAGE*							
MEAP		EUSP		ELECTRIC ARREARAGE		GAS ARREARAGE	
POVERTY LEVEL							
WORKER'S COMMENTS							
SCREENED FOR ARA		QUALIFIES & IS DOCUMENTED		DOES NOT QUALIFY BECAUSE:		RECEIVED IN 5 YRS	
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		SCREENED FOR GARA		RECEIVED IN 5 YRS	
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		QUALIFIES & IS DOCUMENTED		ARREARAGE < \$300	
ARREARAGE < \$300		RECEIVED IN 5 YRS		DOES NOT QUALIFY BECAUSE:			
ELECTRIC ARREARAGE				GAS ARREARAGE			
COUNTY		CENTER		DATE RECEIVED		# IN HH	
						SUB/HUD	
						TOTAL HH INCOME	

OFFICE USE ONLY:

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



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.

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 and my gas, electric, oil company, or other energy provider 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 or help me with the completion of my application. 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.

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.

**11. ACKNOWLEDGEMENT & SIGNATURE – You or your representative must sign this application before submitting.**

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.

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. Landlord approval will be required for renters participating in this program. I understand I do not need to participate in DHCD's energy efficiency programs to receive OHEP benefits.

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