Office of Home Energy Programs
Your Home Energy Partner

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

Step 1
Complete the enclosed application

Step 2
Include copies of the required documents listed below

Step 3
Return your application and documents to your local OHEP office (Location listed on back)

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 Benefits
- ❑ 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 myohepstatus.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.

Allegany 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@aaccaa.org

Glen Burnie Office
117 Delaware Avenue
Glen Burnie, MD 21061

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

Baltimore County
6401 York Road
Baltimore, MD 21212
(410) 853-3385
ohep.mailrequest@maryland.gov

Calvert County
3720 Solomon's Island Road
Huntingtown, MD 20639
(410) 535-1010
OHEP@smtccac.org

Caroline County
300 Market Street
P.O.Box 400
Denton, MD 21629
(410) 819-4500
caroline.care@maryland.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@smtccac.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@harfordcaa.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
Centreville, 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@smtccac.org

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

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.

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.

Name _____

Mailing Address _____

City, State, Zip _____

Email Address _____

Social Security Number _____

Primary Phone Number ☐ Home ☐ Cell ☐ Work ☐ Friend/Relative _____

Secondary Phone Number ☐ Home ☐ Cell ☐ Work ☐ Friend/Relative _____

Street Address (If different from your mailing address or if you have moved) _____

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 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)

☐ I have received notice that my electricity and/or gas will be disconnected

☐ I have less than 3 days of heating fuel

☐ My tank has been removed

☐ 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 are18 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.

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. 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.

☐ 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.

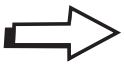
I swear or affirm under penalty of perjury that all the information I gave to the Office of Home Energy Programs (OHEP) in this Energy Assistance Application is true, correct, and complete to the best of my ability, belief, and knowledge. I am the representative of the individual household members identified 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 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.

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 ☐ YES ☐ NO	TOTAL HH INCOME

ELECTRIC ARREARAGE			GAS ARREARAGE		
SCREENED FOR ARA ☐ YES ☐ NO	QUALIFIES & IS DOCUMENTED ☐ YES ☐ NO	DOES NOT QUALIFY BECAUSE: ☐ RECEIVED IN 5 YRS ☐ ARREARAGE < $300	SCREENED FOR GARA ☐ YES ☐ NO	QUALIFIES & IS DOCUMENTED ☐ YES ☐ NO	DOES NOT QUALIFY BECAUSE: ☐ RECEIVED IN 5 YRS ☐ ARREARAGE < $300

WORKER'S COMMENTS

	MEAP	EUSP	ELECTRIC ARREARAGE	GAS 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.