

ENERGY ASSISTANCE APPLICATION

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.



PLEASE PRINT ALL INFORMATION. Be sure to fill out all information clearly and completely.
Please note: In order to be eligible for EUSP and Arrearage, the electric bill must be in the applicant's name.

Name _____

Primary Phone Number Home Cell Work Friend/Relative

Mailing Address _____

Secondary Phone Number Home Cell Work Friend/Relative

City, State, Zip _____

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

Email Address _____

Social Security Number _____

Application Required Documents

Please provide **COPIES** of **all** of the following:

- Photo ID for the applicant
- SS Cards for everyone in the household
- Most recent electric bill
- Most recent heating bill
- Proof of income for everyone in the household (provide all income received in the last 30 days-i.e. paystubs, Social Security Benefit Letter, Child Support, TCA, etc.)*
- Proof of Residency (Current lease or current driver's license)

*The Declaration of Zero Income form is required for individuals who have zero income. The Household Worksheet is required for households who have zero income. Forms may be found at <http://www.dhr.state.md.us/ohep>.

Crisis information:

- My electricity has been disconnected
- I have received notice that my electricity will be disconnected
- I have no heating fuel
- I have less than 3 days of heating fuel
- My furnace is broken
- My tank has been removed
- I have received an eviction notice
(If you have an eviction notice, you may be referred to another program)

How did you hear about the Office of Home Energy Programs?

- Prior customer
- I received an application in the mail
- Family/Friend
- Utility Company
- Another agency _____
- Other: _____

1. Are you a (Check One): Homeowner Renter* Roomer/Boarder*
- Do you live in a: Apartment or Multi-Family Double, Row or Townhouse Single Family Home Mobile Home
- *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: (_____) _____

3. 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

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)
1.		/ /	APPLICANT				
2.		/ /					
3.		/ /					
4.		/ /					
5.		/ /					
6.		/ /					
7.		/ /					
8.		/ /					

If there are more persons living in the household, please list them on separate paper

4. **Household Income.** Please check all sources of income received by any household members in the last 30 days.

Wages(Employment)/Tips/Commission	Royalties	Veteran's Pension
Self-Employment	Temporary Cash Assistance (TCA)	Mine Worker's Benefits
Rental Income	Temporary Disability Assistance Program (TDAP)	Armed Forces Dependent Allowance
Social Security	Pensions	Criminal Injuries Compensation Board Payments
SSI/SSDI	Money/Income from Annuities, IRAs, or other Retirement Accounts	Monetary Gifts and Loans, excluding student loans
Dividends	Child Support	Employee strike funds where there is no employee contribution
Interest from Savings or Checking Accounts	Alimony or Spousal Support	Payments received by home care providers for adult care
Interest or Dividends received from the redemption of bonds	Workman's Compensation Benefits	Railroad Retirement Benefits
Estate or Trust Fund Income	Unemployment Insurance Benefits	Other _____

Earned Income (Examples: Wages/Tips/Commission, Self-Employment, Rental income, etc.)

Who is receiving?	How Often Paid? (weekly, biweekly, monthly)	Name of Employer	Gross Amount for last 30 days	Paystubs Attached?

Unearned Income (Examples: Social Security, Unemployment, Child Support, TCA, Pension, Monetary Gifts/Loans, etc.)

Who is receiving?	How Often Paid? (weekly, biweekly, monthly)	Where is income from?	Gross Amount for last 30 days	Proof Attached?

List adults 18 years and older who do not have income of their own – Each adult with zero income must sign the Declaration of Zero Income form. If no one in your household has any income, please fill out the Household Worksheet and provide proof of how basic needs #1-3 on the form are being met. Forms may be found at <http://www.dhr.state.md.us/ohep>.

Name	Date of Last Employment	Date of Last Pay	Employer	Declaration of Zero Income Attached?

5. ELECTRIC UNIVERSAL SERVICE PROGRAMS(EUSP) - Electric Grant

- I understand I will be enrolled in budget billing for 12 months to receive an EUSP benefit. I would like to apply for EUSP and be enrolled in budget billing. I understand that the electric bill must be in my name to qualify for EUSP.
- I do not want to apply for EUSP. (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. MARYLAND ENERGY ASSISTANCE PROGRAM (MEAP) - Heating Grant

- I would like 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. UNIVERSAL SERVICE PROTECTION PROGRAM (USPP)

GAS ELECTRIC NONE

Check the service you would like to enroll in for USPP. USPP helps customers prevent a shut off as long as they continue to pay the minimum monthly payment as required by their utility supplier. Enrollment in USPP includes 12 months of budget billing. I understand that I do not have to participate in USPP to receive EUSP/MEAP benefits and no money will be paid to my account through USPP.

8. ARREARAGE RETIREMENT ASSISTANCE

Eligible applicants may receive an arrearage grant to help pay the balance of an outstanding electric bill, not to exceed \$2,000. Applicants may receive this benefit once every seven years, though certain waivers to this rule may apply. Arrearage grants are in addition to electric benefits applicants may receive each year through the EUSP program. Applicant must receive EUSP and enroll in budget billing to qualify for an arrearage grant. The applicant must have a past due electric balance of at least \$300 to be considered for the grant.

I want to be screened for an arrearage grant and understand that, if I receive this benefit, I may not be eligible for another arrearage grant for another seven years.

9. WEATHERIZATION/ENERGY EFFICIENCY

Please refer me to the energy efficiency programs at the Maryland Department of Housing and Community Development. These programs will help me use less energy and lower my utility bills while creating a healthier home environment. They are offered at no cost to income eligible Marylanders. I understand unless I select "NO" my contact information will be referred to DHCD. I understand I do not need to participate in DHCD's energy efficiency programs to receive OHEP benefits.

NO. I do not wish to be referred.

10. YOU OR YOUR REPRESENTATIVE MUST SIGN THIS APPLICATION BEFORE IT CAN BE PROCESSED.

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.

Unless I checked 'NO' on question #9, all necessary information will be referred to the DHCD's energy efficiency programs. My information may be shared with other organizations to confirm eligibility for other programs.

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 <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL HH INCOME
APPLICANT SCREENED FOR ARREARAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT QUALIFIES AND DOCUMENTATION IS IN FILE <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT DOES NOT QUALIFY BECAUSE: <input type="checkbox"/> ALREADY RECEIVED IN 7 YEAR PERIOD <input type="checkbox"/> ARREARAGE BELOW \$300			
WORKER'S COMMENTS					
	MEAP	EUSP BILL ASSISTANCE	ARREARAGE	POVERTY LEVEL	
ANNUAL USAGE					
BENEFIT AMOUNT					
WORKER SIGNATURE		DATE	CERTIFIER SIGNATURE	DATE	



**Community Action Council
of Howard County**
HELPING PEOPLE. CHANGING LIVES.

Community Action Council of Howard County, MD, Inc.
6751 Columbia Gateway Drive, 2nd Floor
Columbia, MD 21046

RIGHT TO A FAIR HEARING OR GRIEVANCE HEARING

Community Action Council (CAC) recognizes the importance of providing applications and recipients of services with an appropriate process for the prompt consideration of their concerns for the provision of services.

As an applicant for services at CAC, you have the right to request and receive a fair hearing or grievance hearing, if you consider yourself and/or your family to have been denied services for which you are eligible, services provided in an improper or inappropriate manner, or services improperly terminated.

An attempt will be made to resolve all concerns through an informal process prior to the initiation of a formal hearing procedure. Requests for a hearing shall be made to your case worker or to your case worker's immediate supervisor.

PROCEDURES FOR REQUESTING A HEARING

Requests for a hearing should be made in writing to the appropriate immediate supervisor of the individual making the decision or taking the action which is grounds for the grievance. Specific forms are provided for this purpose for some of the programs. This information will be provided to you by your Community Worker. The supervisory chain is the Crisis Intervention Coordinator, the Director of Programs and Services, and, finally, the President.

The request must state clearly the name, address, and telephone number of the application, the action taken that gave rise to the grievance, and the reason such action is being appealed or grieved. The request may be mailed or hand-delivered to the appropriate party.

HEARING PROCEDURES

The Fair Hearing or Grievance Hearing will be scheduled within three (3) working days of the receipt of the request by the appropriate supervisor. The supervisor will hear from the grieving party and the staff person involved in the decision and action. After consideration, the supervisor will render a written decision. The decision of the Coordinator of Crisis Intervention may be appealed to the Director of Programs and Services. The decision of the Director of Programs and Services may be appealed to the President, which, after hearing the case will render a final decision.

ACKNOWLEDGEMENT OF RECEIPT

By signing this document, I certify and acknowledge that I have received a copy of these policies and procedures.

Applicant's Printed Name

Signature

Date

Community Worker's Name and Signature