



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**

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

- 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.dhs.maryland.gov/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](http://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  
613 Global Way  
Linthicum, MD 21090

**Baltimore City**

Please apply at your nearest location

**Southeast Community Action Center**

3411 Bank Street, 21224  
(410) 396-6406

**Eastern Community Action Center**

1731 E. Chase Street, 21213  
(410) 396-6406

**Northern Community Action Center**

5225 York Road, 21212  
(410) 396-6406

**Northwest Community Action Center**

3939 Reisterstown Road, 21215  
(410) 396-6406

**Southern Community Action Center**

606 Cherry Hill Road, 21225  
(410) 396-6406

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**

Mailing address:  
Southern Maryland Tri-County Community  
Action Committee, Inc.  
PO Box 280  
Hughesville, MD 20637

Location:

Southern MD Tri County Community  
Action Committee, Inc.  
3720 Solomon's Island Road  
Huntingtown, MD 20639  
(410) 535-1010  
OHEP@smtccac.org

**Caroline County**

300 Market Street  
PO Box 400  
Denton, MD 21629-1229  
(410) 819-4500  
caroline.ohep@maryland.gov

**Carroll County**

10 Distillery Drive, Suite G-1  
P.O. Box 489  
Westminster, MD 21157  
(410) 857-2999  
fdesk@hspinc.org

**Cecil County**

Mailing address:  
170 E. Main Street  
Elkton, MD 21921-5624

Location:

133-135 E. High Street  
Elkton, MD 21921  
(410) 996-0270  
DLCecil\_Ohep\_DHS@maryland.gov

**Charles County**

Mailing address:  
Southern Maryland Tri-County  
Community Action Committee, Inc.  
PO Box 280  
Hughesville, MD 20637

Location:

Southern MD Tri County Community  
Action Committee, Inc.  
8371 Leonardtown Road  
Hughesville, MD 20637-0280  
(301) 274-4474  
OHEP@smtccac.org

**Dorchester County**

2737 Dorchester Sq.  
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@cityoffrederickmd.gov

**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**

Mailing address:  
805 Brightseat Rd.  
Landover, MD 20785

Location:

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**

Mailing address:  
Southern Maryland Tri-County  
Community Action Committee, Inc.  
PO Box 280  
Hughesville, MD 20637

Location:

Southern MD Tri County Community  
Action Committee, Inc.  
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.

You must provide documentation to support the 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 \_\_\_\_\_

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 \_\_\_\_\_

I have a disability and am requesting a reasonable accommodation for my application.

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

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      Is your electric 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	4. Asian, Hawaiian or Pacific Islander	7. Other
2. White	5. American Indian or Alaskan Native	
3. Hispanic	6. Multi-Racial	

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 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.			<b>APPLICANT</b>							
2.										
3.										
4.										
5.										
6.										
7.										
8.										

**Please list additional household members on a separate paper.**

## 5. SCREEN FOR ALL ELIGIBLE GRANTS

- I would like to be screened for all OHEP grants for which I may be eligible. I will provide my electric and heating account information in sections six and seven.

## 6. CATEGORICALLY ELIGIBLE

Does anyone who resides in your household currently receive any of the following benefits?

- SNAP    TCA    TDAP    SSI    VA Benefits

## 7. ELECTRIC ASSISTANCE GRANT - Provide all information that applies below

The Electric Universal Service Program (EUSP) is a grant that pays a portion of an applicant's future electric bills.

- I want to apply for an EUSP grant. I understand that the electric bill does not need to be in my name to qualify.

My electric company is: \_\_\_\_\_ Name on the account: \_\_\_\_\_

Account number: \_\_\_\_\_ Turn-off notice:  Yes  No   My service is off:  Yes  No

**The Electric Arrearage Retirement Assistance (ARA) program is a grant that helps applicants pay a portion of past-due electric bills. Applicants must have a past-due electric bill of \$300 or more to qualify. Applicants must receive EUSP benefits and the bill must be in the applicant's name. Limit is \$2000.00 in a five year period.**

- I have a past-due electric bill in my name and would like to be screened for an Electric Arrearage grant to help pay the balance.

## 8. HEATING ASSISTANCE GRANT- Provide all information that applies below

The Maryland Energy Assistance Program (MEAP) is a grant that pays a portion of an applicant's future heating bills.

- I want to apply for a MEAP grant. The heating bill does not need to be in my name to qualify.

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

**The Gas Arrearage Retirement Assistance (GARA) program is a grant that helps applicants pay down past-due natural gas bills. Applicants must have a past-due natural gas bill of \$300 or more to qualify. Applicants must receive MEAP benefits and the bill must be in the applicant's name. Limit is \$1,000.00 in a five year period.**

- I have a past-due natural gas bill in my name and would like to be screened for a Gas Arrearage grant to help pay the balance.

## 9. ENERGY EFFICIENCY FOR YOUR HOME - DHCD Energy Efficiency Programs

I am interested in having energy efficiency improvements made to my home. 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. 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.

## 10. 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.

## 11. COMMUNICATION

Would you prefer to receive information electronically?  Yes  No

If yes, please provide an email address \_\_\_\_\_

What language do you speak?  English  Spanish      Would you like an interpreter?  Yes  No

If you do not speak English and need free translation services, call your case manager or 1-800-332-6347.

## 12. 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 #8, 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.



\_\_\_\_\_  
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
ELECTRIC ARREARAGE			GAS ARREARAGE		
SCREENED FOR ARA <input type="checkbox"/> YES <input type="checkbox"/> NO	QUALIFIES & IS DOCUMENTED <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES NOT QUALIFY BECAUSE: <input type="checkbox"/> RECEIVED IN 5 YRS <input type="checkbox"/> ARREARAGE < \$300	SCREENED FOR GARA <input type="checkbox"/> YES <input type="checkbox"/> NO	QUALIFIES & IS DOCUMENTED <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES NOT QUALIFY BECAUSE: <input type="checkbox"/> RECEIVED IN 5 YRS <input type="checkbox"/> 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.