



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.

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 CountyAnnapolis Office

251 West Street
Annapolis, MD 21404-1951
(410)626-1900
energyprograms@aaccac.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 or (410) 396-5555

Eastern Community Action Center

1731 E. Chase Street, 21213
(410) 396-6406 or (410) 396-5555

Northern Community Action Center

5225 York Road, 21212
(410) 396-6406 or (410) 396-5555

Northwest Community Action Center

3939 Reisterstown Road, 21215
(410) 396-6406 or (410) 396-5555

Southern Community Action Center

606 Cherry Hill Road, 21225
(410) 396-6406 or (410) 396-5555

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

Baltimore County

6401 York Road
Baltimore, MD 21212
(410) 853-3385 or (410)853-3994
ohep.mailrequest@maryland.gov

Calvert CountyMailing 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
(301) 274-4474
OHEP@smtccac.org

Caroline County

300 Market Street
PO Box 400
Denton, MD 21629-1229 (410) 819-4469
or (410) 819-4489 or (410) 819-4471
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 CountyMailing address:

170 E. Main Street
Elkton, MD 21921-5624

Location:

135 E. High Street
Elkton, MD 21921
(410) 996-0270
DLCecil_Ohep_DHS@maryland.gov

Charles CountyMailing 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

Mailing Address:
P.O. Box 3929, Frederick, MD 21705
Location: 6040 New Design Road
Frederick, MD 21701, (301) 600-2410
ohep@cityoffrederickmd.gov

Garrett County

104 E. Center Street
Oakland, MD 21550-1397
(301) 334-9431
ContactUS@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, P.O. Box 670
Chestertown, MD 21620
(410) 810-7600
Kent.ohep@maryland.gov

Montgomery County

1301 Piccard Drive, 4th floor
Rockville, MD 20850
(240) 777-4450
ohep@montgomerycountymd.gov

Prince George's CountyMailing 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 Fax (410) 758-8111
QAC.OHEP@maryland.gov

Somerset County

Shore Up!
12409 Loretta Road
Princess Anne, MD 21853
(410) 651-1805
Energywicomico@shoreup.org

St. Mary's CountyMailing address:

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

Location:

46925 Crocus St.
Lexington Park, MD 20653
(301) 475-5574, OHEP@smtccac.org

Talbot County

Neighborhood Service Center, Inc. 126
Port Street, Easton, MD 21601-2631
(410) 763-6745(first option phone
number) or (410) 882-5015(last option
phone number)
energy@nsctalbotmd.org

Washington County

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

Wicomico County

Shore Up!
500 Snow Hill Road
Salisbury, MD 21804
(410) 341-9634
Energywicomico@shoreup.org

Worcester County

Shore Up!
6352 Worcester Highway
Newark, MD 21841
(410) 632-2075
Energywicomico@shoreup.org



MARYLAND DEPARTMENT OF HUMAN SERVICES
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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

- | | |
|--|---|
| <input type="checkbox"/> My electricity has been disconnected | <input type="checkbox"/> I have received notice that my electricity and/or gas will be disconnected |
| <input type="checkbox"/> I have no heating fuel and/or gas | <input type="checkbox"/> I have less than 3 days of heating fuel |
| <input type="checkbox"/> My heating system, cooling system, or water heater is broken. | <input type="checkbox"/> My tank has been removed |
| <input type="checkbox"/> I have received an eviction notice (If you have an eviction notice, you may be referred to another program) | <input type="checkbox"/> 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 financial .

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.			APPLICANT							
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 sections seven and eight.

6. CATEGORICALLY ELIGIBLE

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

- ☐ SNAP ☐ TCA ☐ TDAP ☐ SSI ☐ VA Benefit

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 Program

I am interested in having energy saving improvements made to my home. Please refer me to the energy efficiency programs provided by the Maryland Department of Housing and Community Development (DHCD). These programs can help me reduce energy use, lower my utility bills, and make my home healthier. They offer improvements like heating and cooling system tune-ups, insulation, and light bulbs for free to people who qualify based on income. I understand I do not need to participate in DHCD's energy programs to receive OHEP benefits.

- ☐ NO. I do not want to be referred.

10. COMMUNITY SOLAR PROGRAM:

I am interested in being referred to a Community Solar program, approved through the Maryland Public Service Commission, to help reduce my electric costs.

- ☐ No. I do not want to be referred

11. 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.

12. 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.

13. 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.

OHEP will share all necessary information from my application with DHCD's Energy Efficiency Programs and/or Community Solar programs, approved through the Maryland Public Service Commission, to help lower my energy costs—unless I have selected No.

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.