What You Need to Apply

- Copy of Applicant’s photo identification
- Proof of Residence (Lease, Mortgage Statement, etc.)
- Copies of Social Security cards for all household Members
- Proof of ALL gross income your household received in the last 30 days
- Copy of your most recent Utility bill or termination notice (if applicable)
- A copy of your most recent heating fuel bill or receipt (if applicable)

THINGS THAT MAY DELAY YOUR APPLICATION

- Not completing all sections of the application
- No signature or date on the application
- Missing documents
- Not including all household members
- Not including all income for the past 30 days
- Electric bill not in Applicant’s name

Did you Know?...

- Grants do not have to be paid back.
- Grant amounts vary by income level of the household applying and by fuel type.
- If you live in subsidized housing and your heat is included in your rent, you are not eligible for a MEAP grant, but you may be eligible for a EUSP grant.
- In order to get an EUSP grant, the Electric bill must be in the applicant’s name and you must agree to a budget billing payment plan.
- Continue to make payments on all your energy bills so you will not get behind on these bills.

Office of Home Energy Programs

Maryland Department of Human Services

For information call toll free: 1-800-332-6347 (en Español tambien)
TTY for the hearing impaired call: 1-800-735-2258
Check out our website at: www.dhs.maryland.gov/energy
Apply online at: https://mydhrbenefits.dhr.state.md.us/
To Report Fraud:
Call 1-800-332-6347 and select the Welfare Fraud hotline option

Apply today to make your energy costs more AFFORDABLE!

For information call toll free: 1-800-332-6347 (en Español tambien)

MARYLAND

Effective July 1, 2020 - June 30, 2021
HOW TO APPLY

OHEP is a year-round program. You do not need to have a crisis to apply. Customers may apply at any time through any one of the following methods:

- Apply in person at your local energy assistance office.
- Apply online at https://mydhrbenefits.dhr.state.md.us/.
- Home visits can also be arranged for senior citizens or other persons with special medical needs.

Income Eligibility Limits

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>MAXIMUM MONTHLY INCOME STANDARDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<td>7</td>
<td>$5,781</td>
</tr>
<tr>
<td>8</td>
<td>$6,435</td>
</tr>
<tr>
<td>FOR EACH ADDITIONAL PERSON, ADD</td>
<td>$654</td>
</tr>
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</table>

OHEP

The Office of Home Energy Programs (OHEP) provides assistance to Maryland's low-income households to help you stay warm, stay connected, and help pay past due energy bills.

STAY WARM

The Maryland Energy Assistance Program (MEAP) provides financial assistance with home heating bills. Payments are made to the fuel supplier and utility company on the customer’s behalf.

STAY CONNECTED

The Electric Universal Service Program (EUSP) provides financial assistance with electric bills. Eligible customers receive help that pays a portion of their current electric bills. Customers who receive EUSP are placed on a budget billing plan with their utility company. Budget Billing is a tool that utility companies provide to help spread out year annual utility bills into even monthly payments to avoid spikes in your bill caused by seasonal fluctuations in energy use. Please check with your utility company on eligibility requirements and budget billing policy.

PAY PAST DUE BILLS

Arrearage Retirement Assistance helps customers with large, past due electric and gas bills. If eligible, customers may receive forgiveness of up to $2,000 towards their past due bill. Customers must have a past due bill of $300 or greater to be considered eligible. Customers may only receive an arrearage grant once every seven years, with certain exceptions.

AVOID TURNOFFS

The Utility Service Protection Program (USPP) is designed to protect low-income families from utility turn-offs during the heating season. All MEAP eligible customers may participate in USPP. Participation also requires a year-round even monthly budget billing. Failure to make consecutive payments may result in removal from USPP.

A MORE EFFICIENT HOME

Weatherization and Energy Efficiency Services - Customer information is referred to the Maryland Department of Housing and Community Development (DHCD) for programs that can provide improvements and repairs to homes at no cost. Improvements such as furnace clean and tune, added insulation, and energy efficient light bulbs can help lower utility bills and make the home more comfortable. DHCD’s energy efficiency and weatherization programs support the EmPOWER Maryland Energy Efficiency Act. For more information, call 1-855-583-8976 or visit dhcd.maryland.gov/Pages/EnergyEfficiency.
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
125 Virginia Avenue
Cumberland, MD 21502-221
(301) 777-8550
energyassistance@alleganyhrdc.org

### 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

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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

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### 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) 334-9341
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
infofacs@cac-hc.org

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

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

<table>
<thead>
<tr>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Mailing Address</td>
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<tr>
<td>City, State, Zip</td>
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<tr>
<td>Email Address</td>
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<tr>
<td>Social Security Number</td>
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<table>
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<tr>
<th>Primary Phone Number</th>
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<tbody>
<tr>
<td>Home</td>
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<tr>
<th>Secondary Phone Number</th>
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</thead>
<tbody>
<tr>
<td>Home</td>
</tr>
</tbody>
</table>

| 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
- [ ] My furnace 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 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

For each household member in the table below, list all sources of income received in the last 30 days. For examples of income, refer to the application instructions.

<table>
<thead>
<tr>
<th>FIRST &amp; LAST NAME</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>BIRTHDATE M/D/YR</th>
<th>RELATIONSHIP TO APPLICANT</th>
<th>SEX M/F</th>
<th>RACE CODE</th>
<th>AMERICAN CITIZEN (YES or NO)</th>
<th>DISABLED (YES or NO)</th>
<th>VETERAN (YES or NO)</th>
<th>SOURCES OF INCOME</th>
<th>GROSS 30 DAY AMOUNT</th>
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<tbody>
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<td>APPLICANT</td>
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</table>

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 seven 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 seven 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 seven 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 seven 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 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. 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 1-800-999-5904.

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:

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<tr>
<th>COUNTY</th>
<th>CENTER</th>
<th>DATE RECEIVED</th>
<th># IN HH</th>
<th>SUB/HUD</th>
<th>TOTAL HH INCOME</th>
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<table>
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<tr>
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<th>GAS ARREARAGE</th>
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<tbody>
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<td>SCREENED FOR GARA</td>
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<tr>
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<td>YES</td>
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<tr>
<td>NO</td>
<td>NO</td>
</tr>
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<tr>
<td>DOES NOT QUALIFY BECAUSE:</td>
<td>DOES NOT QUALIFY BECAUSE:</td>
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<tr>
<td>RECEIVED IN 7 YRS ARREARAGE &lt; $300</td>
<td>RECEIVED IN 7 YRS ARREARAGE &lt; $300</td>
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<td>NO</td>
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<td>GAS ARREARAGE</td>
</tr>
<tr>
<td>MEAP</td>
<td>EUISP</td>
</tr>
</tbody>
</table>

ANNUAL USAGE*

BENEFIT AMOUNT

WORKER SIGNATURE ____________________ DATE __________

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