

**Dear Prince George's County Resident:**

The Department of Social Services would like to inform you about energy assistance programs that you may be eligible to participate in during the year.

The **ELECTRIC UNIVERSAL SERVICE PROGRAM (EUSP)** is a state program to help low-income electric customers with paying their electric bills. The **MARYLAND ENERGY ASSISTANCE PROGRAM (MEAP)** can help households with paying their heating bills or rent, if home energy costs are included in the rent.

Only one application is needed for both programs, and we have enclosed the application form. Benefits under these programs are based on gross monthly household income, household size, energy type and fuel consumption.

**PROGRAM YEAR: JULY 1, 2003 – JUNE 30, 2004**

| <b>HOUSEHOLD SIZE</b> | <b>MAXIMUM MONTHLY INCOME STANDARDS</b> |
|-----------------------|---|
| 1                     | \$1,123                                 |
| 2                     | \$1,515                                 |
| 3                     | \$1,908                                 |
| 4                     | \$2,300                                 |
| 5                     | \$2,693                                 |
| 6                     | \$3,085                                 |

Please add \$393 for each additional person in the household

**YOU MUST RETURN COPIES OF THE FOLLOWING WITH YOUR APPLICATION:**

- Proof of identity, residency and citizenship
- Social Security numbers for the entire household, including all children
- If you rent, a copy of your lease or rent receipt (homeowners - mortgage statement or deed may be required)
- Current utility bills - gas and/or electric (or heating oil, kerosene, propane, coal, wood receipts)
- Proof of your total gross household income for the past 30 days for **all** household members 18 and above (students over 18 will need to provide student identification)

**EXAMPLES OF INCOME AND PROOF OF INCOME:**

- Employment—All pay stubs received within the past 30 days for those 18 or over. Self-employed customers and those claiming zero income must make an appointment for an interview.
- Unemployment— Consecutive check stubs from your unemployment benefit or printout from your local unemployment office.
- Copy of the latest award letter if you receive: Social Security, SSI, Veterans' Benefits, Worker's Compensation, Child Support, TCA, Retirement/Pension or notice of Annuity for retired government employees.

**FAILURE TO RETURN ALL NEEDED DOCUMENTATION WILL DELAY PROCESSING OF YOUR APPLICATION.**

**To submit an application by mail:** Prince George's County Department of Social Services  
Office of Energy and Food Programs  
805 Brightseat Road, Landover, MD 20785

**If your service is off, you should apply in person:** Prince George's County Department of Social Services  
425 Brightseat Road, Landover, MD 20785  
**(301) 909-6300**

**Fax (301) 909-6301**

# APPLICATION FOR ENERGY ASSISTANCE

Check the boxes for all programs applying for (only one application is needed for all programs)

- Weatherization: insulation, caulking, furnace check, etc. and/or EUSP electric efficiency services
- EUSP: bill assistance: help with future electric costs
- EUSP: arrearage retirement: help with past due electric bills incurred before July 1, 2000
- MEAP: assistance with heating costs

1. Social Security Number: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_  
 Other Phone Number: \_\_\_\_\_      Work    Friend    Relative

\_\_\_\_\_ Street Address (if different from mailing address)  
 Name \_\_\_\_\_  
 \_\_\_\_\_ Mailing Address (where your mail is delivered)  
 \_\_\_\_\_  
 \_\_\_\_\_ City, State, Zip

(Check one) Apartment or Multi-Family      Double, Row or Townhouse  
 (Check one) Homeowner      Renter\*      Roomer/Boarder\*

\*If you rent: Do you receive reduced rent through help from HUD or subsidized housing?      Yes      No

|  |  |
|--|--|
| <p>2. RENTERS ONLY      Is heat included in the rent:      Yes      No</p> <p>Landlord's Name/Apartment Complex: _____</p> <p>Landlord's Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Landlord's Phone Number: (_____) _____</p> | <p><b>OFFICE USE ONLY</b></p> <p>FED ID/SS#</p> <hr/> <p>Date Returned</p> |
|--|--|

3. Fill in all spaces below ALL household members (yourself first).  
 Total number of household members is \_\_\_\_\_.  
 Please use the following choices for "Race":

|                     |                                      |
|---------------------|--------------------------------------|
| 1. African American | 4. Asian or Pacific Islander         |
| 2. Caucasian        | 5. Native American or Alaskan Native |
| 3. Hispanic         | 6. Multi-Racial      7. Other        |

| FIRST and LAST NAME | Social Security Number | Birthdate | Relation to Applicant | Sex M/F | Race | Amer. Cit. (Yes or No) | Disable (Yes or No) | Type of Income | 30-day Gross Income |
|---------------------|------------------------|-----------|-----------------------|---------|------|------------------------|---------------------|----------------|---------------------|
|                     |                        |           |                       |         |      |                        |                     |                |                     |
|                     |                        |           |                       |         |      |                        |                     |                |                     |
|                     |                        |           |                       |         |      |                        |                     |                |                     |
|                     |                        |           |                       |         |      |                        |                     |                |                     |
|                     |                        |           |                       |         |      |                        |                     |                |                     |
|                     |                        |           |                       |         |      |                        |                     |                |                     |
|                     |                        |           |                       |         |      |                        |                     |                |                     |
|                     |                        |           |                       |         |      |                        |                     |                |                     |

If there are more persons living in household, please list them on separate paper.      (Turn Over)

**4. ELECTRIC COMPANY INFORMATION**

My electric company is \_\_\_\_\_

Account Number \_\_\_\_\_ The name on the account is \_\_\_\_\_

I want to participate in the Utility Service Protection Plan to prevent winter shut-offs by giving me even monthly Payments: Yes No

I have turn-off notice from this company: Yes No My service is turned off now: Yes No

If you have selected an alternate electric supplier, list the name below:

My alternate electric supplier is \_\_\_\_\_

**5. TYPE OF FUEL USED TO HEAT YOUR HOME.** Check one (whichever pertains to your household) and complete number 6  
 Electricity Utility Gas Propane Oil Kerosene Coal Wood Landlord

**6. FUEL IS PURCHASED FROM:**

Supplier's Name \_\_\_\_\_

Account Number \_\_\_\_\_ The name on the account is \_\_\_\_\_

**UTILITY GAS CUSTOMERS ONLY**

I want to participate in the Utility Service Protection Plan giving me even monthly payments: Yes No

I have turn-off notice from this company: Yes No My service is turned off now: Yes No

If you have selected a different gas supplier, list the name below:

My other gas supplier is \_\_\_\_\_

**7. Is your furnace in poor condition? Yes No Is your refrigerator in poor condition? Yes No**

**Do your want to apply for the Weatherization Assistance Program to save on your energy bills? Yes No**

**8. The applicant or proxy must sign this application before it can be processed.**

I declare that the information provided to OHEP is true, correct and complete. I understand that when this application is signed,

Permission is given: 1) for the Office of Home Energy Programs (OHEP) to check all household income, bank accounts, Housing expenses, insurance and any other benefits; 2) for the Unemployment Insurance Administration or any other agency to give and/or receive information from OHEP needed to complete this application; and 3) for my gas/electric company or other agency giving a service/benefit to have information on this application if help is not given to them and or received from them.

An appeal can be filed to change the decision on this application if help is not given in a reasonable time. The appeal must be filed within 15 days of decision. The local agency will tell me how to file. Free legal advice is available through the Legal Aid Bureau by calling toll-free 1-800-999-8904.

Maryland has a fraud law. Punishment can occur for not telling the truth when applying for assistance to pay home energy costs.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date signed

**OFFICE USE ONLY:**

|                   |                     |                      |                         |                  |
|-------------------|---------------------|----------------------|-------------------------|------------------|
| COUNTY            | CENTER<br><b>25</b> | DATE RECEIVED        | INTAKE WORKER SIGNATURE | DATE             |
| # in HH           | TOTAL INCOME        |                      | CERTIFIER SIGNATURE     | DATE             |
| WORKER'S COMMENTS |                     |                      |                         |                  |
| ANNUAL USAGE      | MEAP                | EUSP BILL ASSISTANCE | EUSP ARRERAGE           | MEAP CRISIS CODE |
| BENEFIT AMOUNT    |                     |                      |                         | POVERTY LEVEL    |
| DENIAL CODE       |                     |                      |                         |                  |