

Michigan Energy Assistance Program



COORDINATED BY COMMUNITY ACTION ALGER-MARQUETTE

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Community Action Alger-Marquette receives energy assistance funding for households that are below 150% of the Federal Poverty Level and are also facing a home heating/utility crisis.

Energy services include:

- Propane
- Firewood
- Fuel oil
- Wood pellets
- Natural gas



**Review all eligibility requirements
(see page 2)**

2017 Federal Poverty Level Guidelines

Family Size	Monthly 150% FPL
1	\$1,507
2	\$2,030
3	\$2,552
4	\$3,075
5	\$3,597
6	\$4,120
7	\$4,642
8	\$5,165
Each additional person	Add \$522

Total income equals gross income minus allowable expenses (i.e. taxes, health insurance, paid court-ordered child support, cost of dependent care). Provide total income from previous 30 days from date of application for calculation purposes.

- Fill out each page of the attached application. Do not leave any section blank or your application will be considered incomplete and will be denied.
- **Required documentation:** An official Social Security card for the applicant, an official State or Federal photo ID for the applicant, proof of every household member's income for the last 30 days, and the utility bill you are seeking assistance with (if applicable).
- You may scan and email your completed application, along with the supporting documents, to our intake worker, Lindsey Parker at lparker@communityactionam.org or fax it to 888-906-7488. You may also drop off your application at our office. You will receive a determination letter once your household is approved or denied.

Complete Application Checklist

Please go through this checklist and check off each item as it applies to you and your household.

- Must be 18 years or older to apply.
- Applicant must be a U.S. citizen or a qualified alien to be eligible.
- Applicant must be the utility bill holder.
- All pages of the application must be completed and returned.
- Applications must be signed and dated by the utility bill holder or the account holder's legally authorized representative.
- Total household's gross income must be at or below 150% of the 2017 Federal Poverty Level (FPL).
- Must provide income documentation for ALL household members.
- Each household member must have a Social Security number and the number must be provided. A copy of the applicant's Social Security card must be submitted.
- A copy of the applicant's Driver's License or Federal/State ID must be submitted.
- Propane and fuel oil customers:** the fuel tank must be at or below 25% in order to qualify. This program is not designed to pay off arrears. It is for those in a crisis and is intended to get clients out of crisis for the next 30 days. If your tank is not at or below 25%, you would not qualify.
- Firewood/wood pellets customers:** This program is designed to get your household out of a heating crisis for the next 30 days. This is not designed to heat your home for the entire heating season. If you have more than 30 days worth of firewood or wood pellets, you would not qualify. Please do not apply unless you are facing a heating crisis.
- Metered utility customers:** The bill must be past due at the date of application. Any late fees accrued are the customer's responsibility.
- All earned income verification must include the employee's name, pay dates, pay period, employer name, gross amount, and deductions.
- Pay stubs:** if paid weekly, must provide the last five (5) consecutive pay stubs. If paid bi-weekly, must provide the last three (3) consecutive pay stubs.
- SSI, Social Security, RSDI, SSDI and/or Pension:** must provide 2018 benefit statement showing monthly gross amount along with deductions (if applicable). A bank statement is NOT sufficient income documentation.
- Any household member age 18 or older that has no income must complete the Affidavit of No Income form (page 7).**
- Any household member age 18 or older that is self-employed must complete the Self-Employment Affidavit and include proof of their earnings (page 7).
- If an applicant has received assistance from the Department of Health and Human Services (DHHS), the Low Income Home Energy Assistance Program (LIHEAP), or any Michigan Energy Assistance Program (MEAP) funded agencies during the current program year (October 1st, 2017 - September 30th, 2018), they should stay with the same agency if additional heating and/or utility assistance is needed.



HOUSEHOLD INFORMATION

List **everyone** who lives in your home, including adults and children temporarily absent due to illness or employment. People are considered members of your household if they sleep and keep their belongings in your home. It is a requirement of this program to obtain Social Security numbers for all household members. Attach extra pages if you need to include additional members.

Household Member Name (First, M.I., Last)	Social Security Number	Date of Birth	Race	Sex M or F	Disabled? Y or N	Education Level	Health Insurance Type	Marital Status	Relationship to You
									SELF

Is anyone in your household a veteran? Yes No If yes, who? _____

Primary Phone Number	Secondary Phone Number	Email Address
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PHYSICAL ADDRESS

Address (Numbers, Street Name, Apt #, etc.)	City	State	Zip Code	County
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MAILING ADDRESS (If different from above)

Address (Numbers, Street Name, PO Box #)	City	State	Zip Code	County
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ADDITIONAL INFORMATION - All questions must be answered or the application will be incomplete

Home Heating Credit (HHC): Have you received the HHC in the last 6 months? <input type="checkbox"/> Yes, month received: _____ Amount received: \$ _____ <input type="checkbox"/> No	Do you rent or own your home? <input type="checkbox"/> Rent <input type="checkbox"/> Own Other: _____ Monthly rent or mortgage payment: \$ _____
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Does anyone in your household receive benefits from the Department of Health and Human Services (DHHS)? Yes No
 If yes, check each type: Cash Assistance \$ _____ per month Medical Food Assistance \$ _____ per month

Does your household have safe and reliable transportation? Yes No

Is your household able to afford clothing to meet basic need? Yes No

Does your household have any special needs children? Yes No

Is your household able to afford food to meet basic need? Yes No

On average, how much is your electricity bill? \$ _____ per month

What is the primary heat source in your home?

- Propane
 Fuel oil
 Firewood
 Wood pellets
 Electric heat*
 Natural gas
 Other _____
 No heat obligation

** Electric heat sources include solar panels, boilers, radiators, or baseboard heating but DOES NOT include space heaters.*

Emergency Need

Check the service(s) that you are requesting assistance with and fill in the corresponding information.

- Natural Gas Heating: \$ _____ (total owed)
 Propane or Fuel oil* : _____ % remaining in tank
 Firewood: _____ weeks worth of wood remaining
 Electricity (non-heat): \$ _____ (total owed)
 Electric heat: \$ _____ (total owed)

** Payment for deliverable fuel will not be made if, at the time of delivery, it is confirmed that you have more than 25% of fuel remaining in your tank.*

ELECTRICITY PROVIDER INFORMATION

Name of Energy Provider	Account Number
Has your electricity been shut off? <input type="checkbox"/> Yes, date service was shut off: _____ <input type="checkbox"/> No	Have you received a shut off notice for your electricity? <input type="checkbox"/> Yes, shut off date: _____ <input type="checkbox"/> No Have you received a past due notice for your electricity? <input type="checkbox"/> Yes <input type="checkbox"/> No

HEATING PROVIDER INFORMATION

Name of Fuel Provider	Account Number (if applicable)
<u>Deliverable Fuel Customers:</u> Are you at risk of running out of your heating fuel? <input type="checkbox"/> Yes, # of days until fuel runs out: _____ days <input type="checkbox"/> No	<u>Metered Heat Customers:</u> Have you received a shut off notice for your heat or has your heat been shut off? <input type="checkbox"/> Yes, shut off date: _____ <input type="checkbox"/> No Have you received a past due notice for your heat? <input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS ENERGY ASSISTANCE

Has your household received energy assistance from another agency since October 1st, 2017? Yes No

**Indicate all agencies where you received energy assistance during the current grant term, if any (Oct 2017 - Sept 2018).
Must attach proof of each assist.**

Agency	Amount Received	Date Received	Type of assistance received: Deliverable fuel or metered utility and the name of the energy company

HOUSEHOLD INCOME

Does anyone in your household have income?

Yes No * If no, fill out page 7

Have there been any changes or do you expect a change in your household income in the next 30 days? Yes No If yes, briefly explain in the Notes section on page 5

Please check all sources of income that your household expects to receive in the next 30 days. Attach all proofs from the last 30 days.

All household members age 18 or older with no income must complete the No Income affidavit. (page 7)

- | | | |
|---|--|--|
| <input type="checkbox"/> Social Security from Retirement | <input type="checkbox"/> Employment/earned income | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Self-employment Income ** | <input type="checkbox"/> Family Independence Program (FIP) |
| <input type="checkbox"/> Social Security Disability Income (SSDI) | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Money from family or friends |
| <input type="checkbox"/> State SSI Quarterly payments | <input type="checkbox"/> Child Support | <input type="checkbox"/> Other, please explain: _____ |
| <input type="checkbox"/> Veteran's Benefits | <input type="checkbox"/> Other Disability Benefits | |
| <input type="checkbox"/> Pension/Retirement benefits | <input type="checkbox"/> Tribal payments | |

** Fill out form on page 7

Person with income	Type of income (If employed, name of employer)	Gross monthly income (Amount before taxes & expenses)	How often received? (Weekly, biweekly, monthly, etc.)

Does your household have \$50 of cash on hand that could be used toward your energy bill? Yes No

INCOME EXPENSES

Check all expenses that apply to your household. **Must attach proof from last 30 days for each.**

<input type="checkbox"/> Health insurance premiums	Amount paid per month
<input type="checkbox"/> Court-ordered child support	Amount paid per month
<input type="checkbox"/> Child care costs	Amount paid per month
<input type="checkbox"/> Unusual employment related expenses	Amount paid per month

SIGNATURE REQUIREMENT

Please sign below after reading the following information, otherwise this application will be considered incomplete.

I understand I have eight calendar days to provide all verifications requested and failure to provide the above information may result in denial of my application. I understand giving false information can result in referral to the prosecutor for fraud. I understand that my application may be one of those chosen for a complete investigation. An agency or department representative may call me and may contact other people in order to verify my eligibility for assistance.

I authorize the assisting agency or provider to release my name and address to the local weatherization operator as part of the Weatherization Referral system. I authorize the department to release case and payment information to the Department of Health and Human Services, its affiliates and/or contracted agencies, for the purpose of research, study and evaluation of the Low Income Home Energy Assistance Program (LIHEAP) and the Michigan Energy Assistance Program (MEAP).

Your signature below signifies an understanding that the selling or giving away of wood purchased by this agency, in your name and on your behalf, constitutes fraud and renders you ineligible for future services with Community Action Alger-Marquette.

I authorize my energy company to release by phone, fax, email or their computer web site all available information about my account.

By requesting assistance through MEAP, you may be referred to, or required to, participate in additional services such as budgeting assistance, energy audits, or other programs that will help your household pay energy bills and understand energy consumption.

UNDER PENALTIES OF PERJURY, I SWEAR OR AFFIRM THAT THIS APPLICATION HAS BEEN EXAMINED BY OR READ TO ME. IF I AM A THIRD PARTY APPLYING ON BEHALF OF ANOTHER PERSON, I SWEAR THAT THIS APPLICATION HAS BEEN EXAMINED BY OR READ TO THE APPLICANT. TO THE BEST OF MY KNOWLEDGE, THE FACTS ARE TRUE AND COMPLETE.

Signature of Applicant (Account holder)	Date	Signature of Authorized Representative (if applicable)	Date
Signature of Intake Worker		Agency Name	Date

REQUEST FOR REVIEW

If you believe any action of the agency is incorrect, or if the decision to approve or deny your application is not made within 10 days of the application date, you have the right to a hearing. A request for a hearing must be in writing, signed by you or your authorized representative, and received by the agency making the eligibility determination within 90 days following the date of this form.

NOTES:

ZERO INCOME AFFIDAVIT

This affidavit is to be signed by any individual in the household who is 18 years of age or older who claims on the application to have no income.

By signing below I confirm that my household currently has no income from any of the sources listed below nor is it expected to have any income in the next 30 days:

- Wages from employment (including tips, commissions, bonuses, fees, etc.)
- Income from operation of a business
- Rental income from real estate or personal property
- Social security payments, pensions, annuities, retirement funds, insurance policies or death benefits
- Unemployment or disability payments
- Public assistance payments
- Periodic allowances such as alimony, child support, or gifts received
- Sales from self-employment
- Any other source not named above

I have been meeting my basic living needs for food, shelter, and utilities in the following way:

Food: _____

Shelter: _____

Utilities: _____

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

Signature _____

Date _____

SELF-DECLARATION OF INCOME

*This affidavit is to be signed by any individual in the household who is 18 years of age or older who claims on the application to be **self-employed**.*

I am self-employed in the business of: _____

I have been self-employed in this manner since: _____ / _____ / _____

To the best of my knowledge, I estimate to earn \$ _____ in the next 30 days.

Estimated earnings are supported by:

- Accountant's/bookkeeper's statement Business receipts/check stubs
 Schedule C and profit and loss statement Other:

If none of the above is available, please state the reason why:

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

Signature _____

Date _____

ADDITIONAL PAGE FOR HOUSEHOLD INFORMATION (if needed)

Household Member (First, Middle Initial, Last)	Social Security Number	Date of Birth	Race	Sex M or F	Disabled? Y or N	Highest Level of Education	Relationship to You