



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 page 8 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	Type of Health Insurance	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 Monthly 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 medicine to meet basic need? 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 Yes, but requires Food Assistance No

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

What is the primary heat source in your home? (Only check one)

- 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/Wood pellets: _____ weeks worth of wood/pellets 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

HOUSEHOLD HEATING INFORMATION

Name of Heating Provider/Fuel Company	Account Number (if applicable)
<u>Deliverable Fuel Customers:</u> Are you at risk of running out of your heating fuel? (propane, fuel oil, wood, wood pellets only) <input type="checkbox"/> Yes, number 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? (Natural Gas/Electric Heat only) <input type="checkbox"/> Yes, shut off date: _____ <input type="checkbox"/> No Have you received a past due notice? (Natural Gas/Electric Heat only) <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 your approval letter from the assisting agency.

Agency	Amount Received	Date Received	Type of assistance received: <small>Deliverable fuel or metered utility and the name of the company</small>

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 6*

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"/> Employment/earned income | <input type="checkbox"/> Pension/Retirement benefits | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Social Security from Retirement | <input type="checkbox"/> Self-employment Income * | <input type="checkbox"/> Other Disability Benefits |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <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"/> Social Security Disability Income (SSDI) | <input type="checkbox"/> Family Independence Program (FIP) | |
| <input type="checkbox"/> Veteran's Benefits | <input type="checkbox"/> Tribal payments | |

** Fill out form on page 7*

List each person in the household who has income along with the corresponding information below:

Person with Income	Type of Income (If employed, name employer)	Employment Status (Part time or full time)	Gross Monthly Income (Amount before taxes)	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/DEDUCTIONS

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/Day care costs	Amount paid per month
<input type="checkbox"/> Unusual employment related expenses	Amount paid per month

SIGNATURE PAGE

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:

MEAP Self Sufficiency Plan

Household Information

Attach extra pages if you need to include additional members. 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.

Name	Relationship to You SELF	MDHHS Case ID
Name	Relationship to You	
Name	Relationship to You	
Name	Relationship to You	

Household Address (Service Address)

Address (Numbers & Street Name, Apt., etc.)		City
State	County	Zip Code

Mailing Address, if different than above

Address (Numbers & Street Name, Post Office Box)		City
State	County	Zip Code

Additional Information Needed

Home Heating Credit (HHC): Have you applied for or received the HHC (Energy Draft) in the last 6 months?	<input type="checkbox"/> Yes, month received _____ <input type="checkbox"/> No
Have you received energy assistance from another agency or through a provider-sponsored program since October 1?	<input type="checkbox"/> Yes, who was the provider(s): _____ <input type="checkbox"/> No
How do you heat your home? (Select One)	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> No Heat Obligation <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Electric Heat* <input type="checkbox"/> Coal <input type="checkbox"/> Other _____

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

Electric (non-heat) Provider Information

Name and address of company/energy provider	Account number
Name on account	

Heat Provider Information

Name and address of company/energy provider	Account number
Service address	Name on account

Signature Requirement

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

- As part of this MEAP agreement, I understand that I 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. Participation in the activities outlined in this plan/agreement are required in order to receive any additional energy assistance benefits.

- 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).

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

● **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 or head of household	Date	Signature of spouse	Date
Address (Numbers & Street Name, Apt., etc.)		Signature of agency representative	Date
Current phone number	Email	Identification of applicant or authorized representative	

Affordable Payment Plan

I have been informed if my energy provider offers APP and understand whether or not I am eligible. Yes No

Please check one

<input type="checkbox"/>	I agree to the terms and conditions of the Affordable Payment Plan offered by my energy provider and have received a list of the terms and conditions of this plan.
<input type="checkbox"/>	I do not want to enroll in an affordable payment plan to receive monthly assistance with my energy bill.

Signature of applicant or head of household	Date
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Internal Use Only

Check the self-sufficiency services offered to this household (documentation must be maintained in the client file)

- | | |
|---|---|
| <input type="checkbox"/> Needs assessment and referral(s) | <input type="checkbox"/> Financial counseling |
| <input type="checkbox"/> Vendor advocacy | <input type="checkbox"/> Short term case management |
| <input type="checkbox"/> Energy education | <input type="checkbox"/> Long term case management |

Signature of grantee representative	Date
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