# Home Energy Assistance Program APPLICATION

Date: _____ Time: _____

**Applicant** Last name: _____ First name: _____

Social Security Number: _____ Date of birth: _____ Gender:

Race: ❑ Black/African American ❑ Asian ❑ American Indian/Alaska Native ❑ Other
❑ White ❑ Hispanic/Latino ❑ Native Hawaiian/Pacific Islander

**Contact Information**

Street number: _____ Street name: _____ Apt.: _____

City: Rockville _____ Zip code: _____

Primary Phone: _____ Secondary Phone: _____

**Marital Status**

❑ Single ❑ Married ❑ Divorced ❑ Separated ❑ Widow(er)

**Household Status**

❑ Two-parent household ❑ Non-custodial parent ❑ Single senior (60+) ❑ Cohabitating with adult other than spouse
❑ Single mother ❑ Single with no children ❑ Senior couple
❑ Single father ❑ Married with no children ❑ Other: _____

Number of adults in household: _____ Number of children in household: _____

**Utility Supplier**

❑ Pepco ❑ BGE ❑ Delmarva Power ❑ SMECO ❑ First Energy
❑ Other: _____

***Below this line to be completed by staff***

Intake staff member: _____

Division: _____ Title: _____

Has the client received HEAP assistance before? ❑ Never ❑ Once ❑ Twice or more

If so, what was the date of the most recent application? _____

Has the client applied for MEAP at DHHS in the past 30 days? ❑ Yes ❑ No Date: _____

Has the client applied for LIEEP at DHHS in the past 30 days? ❑ Yes ❑ No Date: _____

Has the client applied for WAP at DHHS in the past 30 days? ❑ Yes ❑ No Date: _____

Address verified by (check all that apply & attach documentation): ❑ SDAT property search ❑ Code Enforcement
❑ RHE/HOC ❑ Property management company ❑ Other: _____

Referred to _____, HEAP counselor, for application processing.

Intake staff member's signature: _____ Date: _____

City of Rockville Get Into It

# **Home Energy** Assistance Program
# APPLICATION

Date: _____ Time: _____

**Applicant** Last name: _____ First name: _____

SSN: _____ Date of birth: _____ Gender:

Street number: _____ Street name: _____ Apt.: _____

**HEAP Counselor** Name: _____

Division: _____ Title: _____

**Referral Source** ❑ DHHS ❑ CMR ❑ LTL ❑ Self

❑ Family ❑ Friend ❑ Other: _____

Referral source worker name & title: _____

Has the client applied for MEAP at DHHS within the past 30 days? ❑ Yes ❑ No Date: _____

Has the client applied for LIEEP at DHHS within the past 30 days? ❑ Yes ❑ No Date: _____

Has the client applied for WAP at DHHS within the past 30 days? ❑ Yes ❑ No Date: _____

Number of adults in household: _____ Number of children in household: _____

**Spouse** Last name: _____ First name: _____

SSN: _____ Date of birth: _____ Gender:

**Children Under 18** (attach separate sheet if needed)

Name (last, first): _____ DOB: _____ Gender:

Name: _____ DOB: _____ Gender:

Name: _____ DOB: _____ Gender:

Name: _____ DOB: _____ Gender:

**Other Adults in Household** (attach separate sheet if needed)

Name (last, first): _____ DOB: _____ Gender:

Relationship: _____

Name: _____ DOB: _____ Gender:

Relationship: _____

**Energy Efficiency Concerns**

❑ Consistently high utility bills ❑ Poor insulation ❑ Electrical hazards ❑ Leaks in building envelope

❑ Water leaks ❑ Appliances ❑ Damaged roof ❑ Other: _____

**Length of Residence at Current Address**

❑ 6-8 months ❑ 2 years

❑ 9-11 months ❑ 2.5 years

❑ 1 year ❑ 3 years

❑ 1.5 years ❑ _____ years

**Type of Residency**

❑ Not Rockville resident

❑ Rockville resident – owns home

❑ Rockville resident – renter

❑ Shelter resident

❑ No formal address

❑ Other: _____

**Total Time Lived in Rockville**

❑ 6-8 months ❑ 2 years

❑ 9-11 months ❑ 2.5 years

❑ 1 year ❑ 3 years

❑ 1.5 years ❑ _____ years

**Previous Address**

Jurisdiction: _____

**This Month's Income:** $ 0.00

Sources of this month's income:

❑ None

| | | | |
|---|---|---|---|
| ❑ Employed | $ _____ | ❑ SSI | $ _____ |
| ❑ Disability | $ _____ | ❑ Retirement/Pension | $ _____ |
| ❑ TCA/TDAP | $ _____ | ❑ Unemployment | $ _____ |
| ❑ Child Support | $ _____ | ❑ Other: | $ _____ |
| ❑ Social Security | $ _____ | _____ | |

**Last Month's Income:** $ _____

**Last Year's Income:** $ _____

**Health Insurance** ❑ Yes _____ ❑ No

**Other Ongoing Benefits**

❑ None

❑ Housing Choice Voucher: RHE/HOC $ _____

❑ MEAP: MD Energy Assistance Program $ _____

❑ RAP: Rental Assistance Program $ _____

❑ Other: $ _____

_____

**Home Energy Audit completed?** ❑ Yes ❑ No **Date:** _____

**Total amount needed:** $ 0

**Client's Contribution:** $ _____

**DHCD Match Amount** ❑ DHCD $ _____ **Total from DHCD:** $ _____

**HEAP Total:** $ _____

If the grand total is not equal to the total needed, what steps are being taken? _____

_____ **Grand Total:** $ _____

I certify that to the best of my knowledge and belief all of the information I have provided and will provide throughout the application process is correct. I also understand that failure to report completely and accurately may result in the rejection of my application at any time and/or the rejection of any future applications.

➡ Applicant's signature: _____ Date: _____

**Application is:** ❑ Approved ❑ Denied

Counselor's signature: _____ Date: _____

Supervisor's name and title: _____

Supervisor's signature: _____ Date: _____

Notes: _____

_____

# Rockville Rental Assistance Program
# AFFIDAVIT OF INCOME

Community Services Division • 111 Maryland Avenue, Rockville, MD 20850 • 240-314-8310

**Applicant**: _____ **Intake date**: _____

**Contact Information**

Street number: _____ Street name: _____ _____ Apt.: _____

City: Rockville_____ Zip code: _____

**2018 Income Eligibility Requirements (Maximum Annual Income)**

- **1-person family: $24,280**
- **2-person family: $32,920**
- **3-person family: $41,560**
- **4-person family: $50,200**
- **5-person family: $58,840**

**Add $8,640 for each additional person**

I, _____, residing at _____

for more than 180 days, whose household consists of the following:

| Name | Relationship and DOB |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Annual gross income:** _____ **Household size:** _____

➡ *(Applicant must initial one of the following)*

_____ Do affirm under penalty of perjury that I did not file a federal income tax return for the year _____. My household income for that year was _____.

_____ Do affirm under penalty of perjury that I did file a federal income tax return for the year _____. My household income for that year was _____.

➡ **Applicant signature:** _____ **Date:** _____

# Home Energy Assistance Program
# DOCUMENTATION CHECKLIST

Community Services Division • 111 Maryland Avenue, Rockville, MD 20850 • 240-314-8310

Applicant: _____ Intake date: _____

HEAP counselor: _____

| Home Energy Assistance Program Documentation Checklist |
|---|
| ❑ Driver's license/other photo ID with address for all adults in household |
| ❑ Social Security Number/TIN Card for all family members |
| ❑ Two most recent paystubs for all adults |
| ❑ Documentation of any other income for all adults (Social Security, SSI, unemployment, child support, etc.) |
| ❑ Proof of home ownership OR current lease, dated and signed |
| ❑ One other proof of residency (utility bill, etc.) |
| ❑ Signed affidavit of income |
| ❑ Monthly budget |
| ❑ Documentation of portion of rent paid by client and RHE/HOC/other, if applicable |
| ❑ Tax form 1040 from previous year for all adults |
| ❑ Most recent three months' utility bills (water, gas, electric) |
| ❑ Documentation of home audit |
| ❑ Documentation of three months' utility bills post-retrofit, as delineated in service agreement |

*HEAP Counselor: Enter forms in file in the order in which they appear in the table above.*

# Home Energy Assistance Program
## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby give my informed consent to:

❑ Community Services Division
Rockville City Hall
111 Maryland Avenue
Rockville, MD 20850
Phone: 240-314-8310

❑ Senior Support Services
Rockville Senior Center
1150 Carnation Drive
Rockville, MD 20850
Phone: 240-314-8810

❑ Linkages to Learning
Maryvale Elementary School
1000 First Street
Rockville, MD 20850
Phone: 301-279-8508

❑ to disclose information to: ❑ to obtain information from: ❑ to exchange information with:

Name/Organization/Agency: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Fax: _____

The records of:

Client name: _____

Address: _____ Apt. _____

City: Rockville State: MD Zip code: _____

Telephone: _____ Date of birth: _____

➡ Authorization includes records related to (applicant must initial):

____ Rent/eviction ____ Utility payments ____ Medical/prescription

____ Other: _____

This disclosure applies to records and communications covering the period of time from:

_____ to _____.

*(Standard time period is 90 days)*

I, the undersigned, have read the above and authorize the staff of the disclosing facility named to disclose such information herein contained. I understand that this consent may be withdrawn by me at any time except to the extent that action has been taken in reliance upon it. I understand that redisclosure of this information to a party other than the one designated above is forbidden without additional authorization on my part. This facility is released and discharged of any liability and the undersigned will hold the facility harmless for complying with this Authorization of Release of Information. This consent expires 90 days from the date signed by the client or legal representative and may be revoked, in writing, by the undersigned at any time.

➡ Client's signature: _____ Date: _____

Witness' name and title: _____

Witness' signature: _____ Date: _____

# Home Energy Assistance Program
# PAYMENT APPROVAL FORM

❑ Documentation enclosed

The following client has been approved to receive financial assistance through HEAP (name):

_____.

Please issue a check in the amount of $ _____, payable to:

Contractor/other payee: _____

Address: _____

City: _____ State: _____ Zip code: _____

Memo: _____

The check should be mailed to the payee above. ❑ Yes ❑ No

If no, complete the following and provide an explanation below*:

❑ The check should be held for pick-up by the HEAP counselor named below.

❑ The check should be held for pick-up by an alternative staff member (name and title):

_____

❑ The check should be mailed to:

Recipient: _____

Address: _____

City: _____ State: _____ Zip code: _____

Explanation: _____

_____

_____

*Supervisor authorization is required if the check is to be held for pickup or mailed to a recipient other than the approved payee. Supervisor signature: _____

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HEAP counselor name and title: _____

HEAP counselor signature: _____ Date: _____

Supervisor name and title: _____

Supervisor signature: _____ Date: _____