



DHCD Energy Programs Application

Submit complete application to:
Maryland Department of Housing and Community Development
Attn: Weatherization
7800 Harkins Road
Lanham, MD 20706
855-583-8976

Welcome to DHCD’s energy efficiency programs. Completing this application is your first step toward becoming one of the many Marylanders enjoying the benefits of our programs. We look forward to working with you and your family to reduce your energy costs while creating a healthier and more comfortable home.

Do you currently receive benefits from one of the following programs (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Utility Bill Pay Assistance through OHEP
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Medicaid | <input type="checkbox"/> Maryland Fuel Fund Assistance
<input type="checkbox"/> DHCD Rehab Program
<input type="checkbox"/> Baltimore Lead Hazard Control Program
<input type="checkbox"/> Healthy Homes for Healthy Kids
<input type="checkbox"/> Other: _____ |
|---|---|

If you checked any box above, you may qualify for our Quick Application. Please submit the following documentation:	All other applicants must submit the following documentation:
<input type="checkbox"/> Client Information (Page 2) <input type="checkbox"/> Property Information (Page 3) <input type="checkbox"/> Energy Consent Form (Page 4) <input type="checkbox"/> Copy of most recent electric utility bill <input type="checkbox"/> Copy of benefit approval notice from programs checked above <input type="checkbox"/> * If you live in a mobile home please provide a copy of the Title to your mobile home or sign the Homeownership Affidavit (Page 6)	<input type="checkbox"/> Client Information (Page 2) <input type="checkbox"/> Property Information (Page 3) <input type="checkbox"/> Energy Consent Form (Page 4) <input type="checkbox"/> Copy of most recent electric utility bill <input type="checkbox"/> Household Income Information (Page 5) <input type="checkbox"/> Copy of Photo ID for all household members 18 years and older <input type="checkbox"/> Copy of Social Security card(s) for all household members <input type="checkbox"/> Proof of last 30 days GROSS household income (Bank Statements are not valid) <input type="checkbox"/> * If you live in a mobile home please provide a copy of the Title to your mobile home or sign the Homeownership Affidavit - Page 6 <input type="checkbox"/> * Zero Income Form for any household member claiming no income within the past 30 days - Page 7

Please review the application thoroughly for completeness and include the documentation from the checklist above. Incomplete applications and those missing documentation cannot be processed until complete.

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Client Information - Page 2

PLEASE PRINT ALL INFORMATION. Review this application thoroughly for completeness BEFORE submitting. Incomplete applications and those missing documentation cannot be processed. Refer to the checklist on page 1 to ensure all required documentation is included. If you have any questions regarding this application call 855-583-8976 and our intake staff will guide you.

Applicant Name:					
Property Address:		City:		Zip Code:	
Email address:		Phone:		Alt. Phone:	
Mailing Address (if Different)		City		Zip Code:	

Do you own or rent?	<input type="checkbox"/> Owner <input type="checkbox"/> Renter			
Type of Home:	<input type="checkbox"/> Single-family Home <input type="checkbox"/> Duplex / Townhouse <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment			

30-Day Gross Household Income:		Total # of Household Members:	
# of Seniors over 60:			
# of Children under 5:			
# of Disabled Persons:	Provide documentation		
# Critically Ill:	Provide physician's note documenting critical illness to qualify for faster service.		

How did you hear about us?			
Contractor Referral:			

Renters only, please fill in landlord information:			
Landlord Name:		Landlord Phone:	

I declare that the information provided to The Maryland Department of Housing and Community Development is true, correct and complete. I understand that when this application is signed, permission is given: 1) For the department to verify all household income and any other benefits; and 2) For other governmental and nongovernmental agencies to give and/or receive information from/to the department needed to complete this application.

Applicant Signature:		Date:	
Applicant Printed Name:			

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Property Information - Page 3

PLEASE PRINT ALL INFORMATION. Review the information on this page thoroughly for completeness BEFORE submitting. Note that service can only be provided if utilities to your home are not shut off.

Type of primary heating system:	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Wood
Is your heating system working?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Type of cooling system:	<input type="checkbox"/> Window AC	<input type="checkbox"/> Central	<input type="checkbox"/> None	<input type="checkbox"/> Other
Is your cooling system working?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	
Is your water heater working?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is your refrigerator working?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Health, Safety, and Structural Condition of Home (Please check all that apply)				
	Yes	No	Unsure	Comment
Do you have any missing external windows or doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there mold or mildew in the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any active roof leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any damage to the ceilings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any electrical violations/hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any plumbing leaks/moisture problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any other structural or health concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Any other information or concerns about your home?

If any of your systems are currently not working, you may be eligible for one of our crisis assistance programs during the applicable season. We will let you know if you qualify based on system evaluation and funding availability. Applications are accepted all year.

- **No Heat Program**
 - Repair or replacement of non-functioning heating systems at no cost. *
 - November 1st – March 31st (Season begins October 1st for Garrett County only)
- **No Cool Program**
 - Repair or replacement of non-functioning cool systems at no cost. *
 - June 1st – September 30th
- **Hot Water Heater Program**
 - Replacement of non-functioning water heaters at no cost. *
 - April 1st – September 30th

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Energy Consent Form - Page 4

Customer Consent to Obtain Household Energy Information

The Maryland Department of Housing and Community Development (DHCD) has a number of programs that are geared towards making Maryland homes more comfortable, efficient, and affordable through energy savings measures. **WHY WE NEED A RELEASE** – For our energy efficiency programs to be successful, DHCD will need to compare energy usage before and after the efficiency improvements. To understand how effective these measures are in reducing your energy bills, we will need access to actual energy usage data for your home, as well as data on energy saving measures installed in your home. This data will allow us to more accurately personalize energy savings estimates for home energy improvements provided by participating contractors, ensure that installed measures are delivering the expected energy savings, and allow us to provide feedback to you on energy reductions. In order to ensure program compliance DHCD may share with the utilities and fuel or energy suppliers providing your energy, the fact you participate in the DHCD Empower program, the name of your contractor(s) and the type of work done. This data may also be used by our own program research staff for program evaluation purposes. We take the security and privacy of your information very seriously. Except as provided in this consent. We will never sell, rent, or otherwise release personal data to outside parties.

Utility and Energy Supplier Information

Electric Utility		Account #	
Gas Utility		Account #	
Other Fuel Supplier		<input type="checkbox"/> Oil <input type="checkbox"/> Propane	Account #

Utility and Energy Supplier and Program Information Release

ENERGY USAGE INFORMATION RELEASE – As the account holder, I hereby authorize and give permission to the utilities and fuel or energy suppliers named above to release account and energy usage information (including my name, address, account number, and usage or consumption information) to DHCD, for confidential use in connection with calculating energy savings estimates and evaluating the effectiveness of the program. This permission is given for the monthly and total amount of energy used by my household. Additionally I authorize DHCD to inform the above utilities and fuel or energy suppliers I am participating in the energy program and provide them with the name of my contractor(s) and a description of the work done.

RELEASE PERIOD – This authorization covers the period starting 24 months before the date below and ending 48 months after the date below. I may revoke this authorization by written notice to Community Development Administration, Maryland DHCD, 7800 Harkins Rd, Lanham MD 20706.

CONSENT – I understand and agree that my account information (including my name, address, account number, and usage or consumption information) will be provided to DHCD by the above-named utilities and fuel or energy suppliers for the sole and limited purpose of evaluating energy conservation measures. I understand and agree that my participation in DHCD programs, the name of my contractor(s) and the work done may be shared with the above named utilities and fuel or energy suppliers for the purpose of program compliance. DHCD will protect the confidentiality of this information the same as it does for their own customer or other confidential information. By signing this release, I authorize the above-named utilities and fuel or energy suppliers to release my customer account information to DHCD and for DHCD to release this information to DOE. An electronic copy of this authorization may be accepted with the same authority as the original.

Account Holder Signature:		Date:	
Account Holder Printed Name:			
Utility Service Address:			
Mailing Address (if different):			

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Household Income Information - Page 5

Please provide this information for all occupants of the household, including children. Make copies of the sheet for additional household members.

Head of Household Name:			
Date of Birth:		Social Security Number:	
Relationship:		Gender:	
Race:		30-Day Gross Income:	

Occupant Name:			
Date of Birth:		Social Security Number:	
Relationship:		Gender:	
Race:		30-Day Gross Income:	

Occupant Name:			
Date of Birth:		Social Security Number:	
Relationship:		Gender:	
Race:		30-Day Gross Income:	

Occupant Name:			
Date of Birth:		Social Security Number:	
Relationship:		Gender:	
Race:		30-Day Gross Income:	

Occupant Name:			
Date of Birth:		Social Security Number:	
Relationship:		Gender:	
Race:		30-Day Gross Income:	

Occupant Name:			
Date of Birth:		Social Security Number:	
Relationship:		Gender:	
Race:		30-Day Gross Income:	



Mobile Home Affidavit - Page 6

Instructions

ONLY COMPLETE THIS FORM IF YOU RESIDE IN A MOBILE HOME AND ARE UNABLE TO LOCATE A COPY OF THE TITLE TO THE MOBILE HOME

This affidavit is an essential part of obtaining assistance through the DHCD Energy Programs ("Programs") for providing energy conservation materials for a residential property (the "Property"), to be funded through a local Network Partner by the Department of Housing and Community Development of the State of Maryland ("DHCD").

Read this affidavit carefully to be sure the information is true and complete. If you are uncertain about the meaning of any items, ask an authorized representative of LWA for an explanation. Complete all questions. If any question is not applicable, answer "N/A".

Affidavit

The undersigned, as an essential part of obtaining the WAP, certifies and represents under the penalties of perjury that the following information is true and correct:

Property Address:		City:		Zip Code:	
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I/we own and occupy the Property as my/our principal residence and my/our household size as reported on our application for assistance is correct. I/we intend to and will occupy the Property as my/our principal residence upon completion of the WAP.

Witness:		Applicant Signature:		Date:	
Witness:		Applicant Signature:		Date:	

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Zero Income Form - Page 7

Please complete and sign this form for each household member 18 years or older, who claimed zero or no income on the Household Income Information page. Failure to complete this form will delay the processing of the application. Leaving the form blank or writing N/A or dashes (---) is not acceptable. If more than one adult household member claims zero or no income, you will need to provide copies of this form for each one.

Occupant Name:		Social Security Number:	
Property Address:		City:	Zip Code:
Last Employer:		Employer Address:	
Employer Phone:		Date of Last Paycheck:	
Have you applied for unemployment benefits?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what date?
Have you applied for or received public assistance in the last 90 days?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what date?
Type of Home:	<input type="checkbox"/> Single-family Home	<input type="checkbox"/> Duplex / Townhouse	<input type="checkbox"/> Mobile Home
	<input type="checkbox"/> Apartment		

Explain how you have paid your monthly bills for at least the past 90 days below.
 If a non-household member is helping pay your bills, list name (s) and phone number (s) and include a signed letter from that person. The letter should state how much and how often the money is given, and if the money is given to you or paid to your creditors directly.

Basic Needs	Monthly Amount	Applicant Response
Rent / Mortgage	\$	
Phone / Cell	\$	
Gas	\$	
Electric	\$	
Car Payment/Insurance	\$	
Cable/Internet	\$	
Personal Expenses	\$	
Food	\$	

I certify that the information given to DHCD for the Energy Program Application is accurate and complete to the best of my knowledge and belief.

Occupant Signature:		Date:	
Occupant Printed Name:			