



Energy Assistance Attachment Checklist

Applicant Name: _____

_____ Completed Application, including signature and date on page 4

_____ Signed Release of Information

_____ Copy of Current Utility Bill

_____ Identification for Bill Holder

- Social security card.
 - Options include: actual social security card; letter from social security administration indicating applicant applied for new card, including both name and full social security number; or social security benefit letter with all digits of the social security number visible
- One of the following forms of ID (in order of preference):
 - Driver's license
 - State-issued identification
 - Identification for health benefits
 - Voter registration card
 - Birth certificate/record
 - U.S. military card or draft record
 - U.S. passport
 - Certificate of Naturalization (DHS N-550 or N-570)
 - Certificate of U.S. citizenship (DHS N-560 or N-561)
 - Military dependent's identification card
 - Certificate of Degree of Indian Blood, or other U.S. American Indian/Alaska native tribal document.
 - U.S. Coast Guard Merchant Mariner card

_____ Proof of Income

- Must be for 45 days prior to applying for energy assistance program.
 - Sources may include: pay stubs or employment letters; unemployment benefit letters; social security and pension benefit letters; worker's compensation benefit letters; child support verification, such as friend of the court statements (need for three prior calendar months) or check stubs; disability letters; interest, annuity or dividend letters

Please either email, fax, or mail all items to:

USCWmieas@usc.salvationarmy.org

Fax: 616.454.3482

**Energy Assistance Services
1215 E. Fulton**

Grand Rapids, MI 49503

Questions? Call us at 616.929.1645



Welcome to The Salvation Army, we are here to help. Please tell us who you are and how we might be able to help you.

I hereby make application for the Michigan Energy Assistance Program (MEAP). I understand that there may be a delay in processing if there is missing information. The MEAP crisis season runs from November 1 through May 31 therefore emergency assistance may not be available June 1 through October 31. By requesting assistance through MEAP, 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 my household pay energy bills and understand energy consumption.

Please PRINT all information clearly.

PERSONAL INFORMATION:

SIMS # _____

Attach extra pages if you need to include additional members. List **everyone** who lives in your home, including adults and children temporarily absent (less than 90 days) due to illness or employment. People are considered members of your household if they sleep and keep their belongings in your home. Be sure to complete all fields below for each household member.

Applicant:

Name of Applicant: (Last, First, Middle Initial)		Social Security Number:			Date of Birth:	Age:	Sex:
Primary Race:	Secondary Race:	Hispanic: Y N	Veteran: Y N	Disability: Y N	Homeless: Y N Other: _____		

Tell me what you need ...

<input type="checkbox"/> I am in need of information or guidance	<input type="checkbox"/> I am in need of energy assistance	<input type="checkbox"/> I am in need of:
<input type="checkbox"/> I am in need of food	<input type="checkbox"/> I am in need of rent/mortgage assistance	
<input type="checkbox"/> I am in need of supplies for daily living	<input type="checkbox"/> I am in need of spiritual support	
<input type="checkbox"/> I am in need of a place to stay	<input type="checkbox"/> I am in need of case management services	

Other Household Members (Not Including Applicant): Tell Me About The People You Live With ...

Name: (Last, First, Middle Initial)	How are they related to you?	Social Security Number:	Date of Birth:	Sex:	Race:	Age:	Hispanic:	Veteran:	Disability:
							Y N	Y N	Y N
							Y N	Y N	Y N
							Y N	Y N	Y N
							Y N	Y N	Y N
							Y N	Y N	Y N

Additional Information: Tell me about special household circumstances...

Is any member of the household pregnant?	Y N	Are there any members of your household that are currently not residents of the United States? If yes, please list household member(s):	Y N
Is there a child related by blood, marriage or adoption age 18 AND attending high school full time?	Y N		

Tell me about recent changes in your household...

Have there been any changes or do you expect a change in your household income in the next 30 days? If yes, please explain:	Y N
Have you (or a member of your household) experienced a medical hardship in the last 6 months?	Y N
Have you (or a member of your household) experienced job loss in the last 6 months?	Y N



Contact Information: Tell me where you live and how I might reach you ...

Physical Address: Where do you live? (Number and Street, Apartment/Lot #)			What language do you speak at home?	What other language(s) do you speak?
City:	State:	Zip Code:	County:	Do you rent or own?
Mailing Address: Where do you get your mail? (If different from physical address)			What number do I call to reach you? <input type="checkbox"/> Home <input type="checkbox"/> Cell* <input type="checkbox"/> Work <input type="checkbox"/> Message () _____ - _____ *If Cell, may we text you? Y N	
City:	State:	Zip Code:	What is your e-mail address:	

HOUSEHOLD INCOME INFORMATION:

Tell me about your household's income and attach proof for each type...

Does your household have any income? <input type="checkbox"/> Yes, total monthly income \$ _____ <input type="checkbox"/> No, complete Zero Income Affidavit			
Name of Person with Income:	Type of Income* (If employed, name of employer):	Gross Monthly Income (amount before taxes):	How often is this income received?

* Types of income include: Social Security benefits (RSDI), Supplemental Security Income (SSI), Pension/retirement benefits, Veteran's benefits/military allotments, Disability benefits, Self-employment income, Unemployment, Child support, Employee/Earned Income, Workers Compensation, Money from family/friends, Tribal payments, Rental income or a land contract, mortgage or other payment payable to a household member.

Tell me about your income expenses and/or deductions and attach proof for each type...

Do you or a member of your household pay: (Check all that apply and attach proof.)	How often is this expense paid?	What time period does each payment cover (1 week, 1 month, 3 months)?
<input type="checkbox"/> Health Insurance Premiums \$ _____		
<input type="checkbox"/> Court Ordered Child Support \$ _____ (Exclude paid voluntary child support.)		
<input type="checkbox"/> Out-of-pocket child care expenses \$ _____ (Exclude payments made to a member of the household, the spouse of the employed person or the parent of the person who needs care, or a dependent relative of the employed person.)		
<input type="checkbox"/> Unusual employment related expenses \$ _____, Please explain: _____		
Does your household have greater than \$50 of cash on hand that could be used toward your energy bill? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Tell me what is prompting your visit...

In your own words, what is prompting your need for energy assistance?
In your own words, what needs to happen or change to avoid needing energy assistance in the future?



Tell me where else you have received assistance...

<p>Have you received energy assistance from another agency or through a provider-sponsored program since October 1? If yes, when were you assisted? _____ By what agency? _____</p>	<p>Y N</p>
<p>Have you applied for or received the Home Heating Credit (HHC) (Energy Draft) in the last 6 months? If yes, month received: _____</p>	<p>Y N</p>
<p>Have you or do you currently receive benefits from Department of Health and Human Services (DHHS)?</p>	<p>Y N</p>

ENERGY BILL INFORMATION:

Tell me how you heat your home...(Select only ONE)

<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Wood	<input type="checkbox"/> No heat obligation
<input type="checkbox"/> Propane	<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*

Tell me about your energy accounts...

Check the service(s) that you are requesting assistance with and the amount needed to <u>resolve the emergency for 30 days.</u>			
<input type="checkbox"/> Household Heating	\$ _____	<input type="checkbox"/> Electricity (non-heating)	\$ _____
If this is a prepaid account, amount in account	\$ _____	If this is a prepaid account, amount in account	\$ _____
If deliverable fuel, percentage remaining in tank*	_____ %	*Payment for deliverable fuel will not be made if, at the time of delivery, it is confirmed that you have more than 25% of the fuel remaining in your tank.	
If deliverable fuel, estimate yearly expense:	\$ _____		

Tell me about your Household Heating Provider...

Name of Energy Service Provider:		<p>Has your heat been turned off or have you run out of your only heating fuel source? <i>If yes, date heat was turned off or when fuel ran out: _____</i></p>	<p>Y N</p>
Name on account:			
Service Address:		<p>Have you received a past due or shut off notice for your heat or are you at risk of running out of your household heating fuel? <i>If yes, number of days until fuel runs out or date service is scheduled to be shut off: _____</i></p>	<p>Y N</p>
Account Number:	I think I can contribute this much to my bill: \$ _____		

Tell me about your Electric (non-heat) Provider...

Name of Energy Service Provider:		<p>Has your electricity been turned off? <i>If yes, date service was turned off: _____</i></p>	<p>Y N</p>
Name on account:			
Service Address:		<p>Have you received a past due or shut off notice for your electricity? <i>If yes, when is service scheduled to be turned off: _____</i></p>	<p>Y N</p>
Account Number	I think I can contribute this much to my bill: \$ _____		



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 at my home and may contact other people in order to verify my eligibility for assistance.

I authorize The Salvation Army to release my name and address to the local weatherization operator as part of the Weatherization Referral system. I authorize the agency to release household and payment information to the U.S. 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 authorized representative: _____ Date: _____

Signature of TSA EAS program representative: _____ 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 (ten) 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.



Zero Income Affidavit | MEAP 2017-2018

This affidavit is to be signed by the application stating that the household does not have income.

Household Member Name(s): _____

Address: _____

I hereby certify that no household member receives income from any of the following sources:

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

The household has been meeting basic living needs for food, shelter and utilities in the following way:

Food: _____

Shelter: _____

Utilities: _____

I certify that the information contained in this affidavit is true 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.

Applicant Signature: _____

Date: _____

Agency Representative: _____

Date: _____



Self-Employment Affidavit | MEAP 2017-2018

This affidavit is to be signed by any individual who is 18 years of age and over 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.

My estimated earnings are supported by the following documentation:

- Accountant's/Bookkeeper's Statement
- Business receipts/Check stubs
- Schedule C with Profit and Loss Statement
- Other: _____

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

I certify that the information contained in this affidavit is true 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.

Applicant Signature: _____ Date: _____

Agency Representative: _____ Date: _____