

# Superior Watershed Partnership Michigan Energy Assistance Program (SWP MEAP) 2017 - 2018

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AN UPPER PENINSULA PROGRAM COORDINATED BY THE SUPERIOR WATERSHED PARTNERSHIP AND PROJECT PARTNERS

## Energy Assistance services include:

- heat-electricity •non-heat electricity •fuel oil  
•natural gas •propane •wood •coal •other heat sources**

**Please answer the following questions before filling out the application.**

<b>1</b>	Is this your first time applying for energy assistance from the SWP MEAP since October 1, 2017?	<input type="checkbox"/> Yes Go to question 3.	<input type="checkbox"/> No Go to question 2.
<b>2</b>	Have you completed the Self-Sufficiency requirement? (Affordable payment plan, In Person Workshop or Online Class)	<input type="checkbox"/> Yes Go to question 3.	<input type="checkbox"/> No Please call 906-273-2742 for assistance.
<b>3</b>	Have you received energy assistance from any other agency since October 1, 2017?	<input type="checkbox"/> Yes Go to question 4.	<input type="checkbox"/> No Go to question 5.
<b>4</b>	Please explain why you are now applying to SWP MEAP. Please attach names of provider(s), amount(s) received and payment dates to this application. _____		
<b>5</b>	Do you have a <b>past due</b> bill or are you at or <b>below 25%</b> of your deliverable fuel capacity?	<input type="checkbox"/> Yes Go to question 6.	<input type="checkbox"/> No You are <u>NOT</u> eligible for SWP MEAP at this time.
<b>6</b>	Does your household fall at or below 150% on the Federal Poverty Level guidelines? (See page 2).	<input type="checkbox"/> Yes Fill out the application.	<input type="checkbox"/> No You are <u>NOT</u> eligible for SWP MEAP.

**If this is your first time completing a SWP MEAP application for the current grant term (October 1, 2017 – September 30, 2018) call your local St. Vincent de Paul (SVdP) Friends in Need Office, or other Partner Agency to set up an appointment to review your application (Visit our website or call 906-273-2742 for intake locations).**

### Use this as application coversheet

Client Name (First & Last): \_\_\_\_\_

Partner Code: \_\_\_\_\_ Intake Worker: \_\_\_\_\_

Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Review the checklist on the back of this page to make sure you have included all required documentation.**

October 1, 2017—September 30, 2018

Please submit this page (front only) with SWP MEAP Application.

## Complete Application Checklist

- Must be 18 years old or older to apply.
- Each member of the household must have a Social Security number and the number must be provided. A copy of the applicants Social Security card must be submitted.
- Presence of the applicant in Michigan must be verified.
- Applicant must be a U.S. citizen or a qualified alien to be eligible.
- 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.
- Include the income of all household members. If the client states that the income received in the last 30 days is not reflective of the current income, proof of the change must be verified and the prior paychecks may not be applicable.
- For payments paid by Office of Child Support (OCS): Bank statements or a printout from the online MI CASE system indicating how much was paid in for the last 3 months. Since child support payments will vary greatly, it is appropriate to take an average of what the household actually received in the last 3 months.
- SSI, Social Security, RSDI, SSDI and or Pension: must provide current social security award or pension letter which should include pages documenting any deductions. A bank statement must also be provided showing proof of previous month's deposit.
- For households with no income a zero income affidavit form must be filled by the applicant.
- A quote must be submitted with the application for fuel oil, propane, and wood pellets.
- An applicant can only request assistance for the **primary** heat source.
- If applicant has received assistance from the Low Income Home Energy Assistance Program (LIHEAP), DHHS or other MEAP-funded agencies during the current program year, they should stay with the same agency unless the MEAP-Agency funding is depleted. Proofs of assistance must be provided if the other agencies are out of funding.
- Total income in the household must be at or below 150% of the Federal Poverty Level (FPL).

FAMILY SIZE	2017 Monthly 150% Federal Poverty Level
<b>1</b>	<b>\$1,507.50</b>
<b>2</b>	<b>\$2,030.00</b>
<b>3</b>	<b>\$2,552.50</b>
<b>4</b>	<b>\$3,075.00</b>
<b>5</b>	<b>\$3,597.50</b>
<b>6</b>	<b>\$4,120.00</b>
<b>7</b>	<b>\$4,642.50</b>
<b>8</b>	<b>\$5,165.00</b>
<b>Each person over 8</b>	<b>Add \$522.50</b>



**Superior Watershed Partnership  
Michigan Energy Assistance Program  
SWP MEAP Application**

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. Revised 10-01-17

**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. Be sure to include the date of birth and citizenship status for each member.

Name	Relationship to You	Social Security Number	Disabled? Y N	Date of Birth	Gender M F	Citizen? Y N	Veteran? Y N

**Contact Information**

Phone Number	Number to Leave Messages	E-mail	Text (indicate provider)
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**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 (All questions must be answered or the application will be incomplete!)**

Home Heating Credit (HHC): Have you applied for or received the HHC (Energy Draft) in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is anyone in the household pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is anyone in the household 18 and in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you or do you currently receive benefits from the Department of Health and Human Services (DHHS)?

No  Yes, circle each type: Cash Food Medical

Have you received energy assistance from another agency or through a provider-sponsored program since October 1, 2017?

No  Yes, list Agency/Date/amount (attach approval letters):

How do you heat your home?  Natural Gas  Propane  Wood or Wood Pellets  No Heat Obligation  
 (Select one)  Fuel Oil  Electric Heat  Coal  Other \_\_\_\_\_

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

**Emergency Need: Check the service(s) that you are requesting and the amount needed to resolve the emergency for 30 days.**

Household Heating \$ \_\_\_\_\_  
 \*Deliverable fuel \_\_\_\_\_% remaining in tank or \_\_\_\_\_ weeks of wood

Electricity \$ \_\_\_\_\_ (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 the fuel remaining in your tank.

*Fill out only what your household is requesting for assistance.*

**Electric Provider Information**

Name and address of company/energy provider		Account number
Service address	Name on account	
Has your electricity been turned off?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes, date service was turned off: _____
Have you received a past due or shut off notice for your electricity? If you do not have past due charges you are not eligible for MEAP.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes, when is service scheduled to be turned off: _____

**Household Heating Provider Information**

Name and address of company/energy provider		Account number
Service address	Name on account	
Has your heat been turned off or have you run out of your only heating fuel source?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes, date heat was turned off or when fuel ran out: _____
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? If you do not have past due charges you are not eligible for MEAP.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes, number of days until fuel runs out or date service is scheduled to be shut off: _____

**Household Income**

Does your household have any income? <input type="checkbox"/> Yes <input type="checkbox"/> No * Fill out zero income form (P. 6)	Have there been any changes or do you expect a change in your household income in the next 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details in notes on P. 5
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**Please check all sources of income that your household expects to receive in the next 30 days. Attach all income proofs!**

- Social Security
- Disability benefits
- Employment/earned income
- Supplemental Security Income (SSI)
- Self-employment income \* (P. 6)
- Worker's Compensation
- Pension/retirement benefits
- Unemployment
- Money from family/friends
- Veteran's Benefits/ Military Allotments
- Child Support
- Other (ex: lottery winnings) please list:
- Tribal payments (Energy Assistance/LIHEAP, tribal GA, casino/gambling profit sharing, land claims, etc.)
- Rental income or a land contract, mortgage or other payment payable to a household member

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

## Income Expenses

Check all expenses that apply to your household and the following information. Attach proof for each.

<input type="checkbox"/>	<b>Health Insurance Premium</b>	Amount \$	How often paid?	Covers what time period?
<input type="checkbox"/>	<b>Court ordered child support</b>	Amount \$	How often paid?	Covers what time period?
<input type="checkbox"/>	<b>Actual child care costs paid by an employed household member, not DHHS</b>			Amount \$
<input type="checkbox"/>	<b>Unusual employment related expenses</b>	Amount \$	Explain Expense	

## 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 at my home 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).

- 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.

- 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 the SWP 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 (account holder)	Date	Signature of Authorized Representative (if applicable)	Date
Signature of Intake Representative (if applicable)		Agency/Conference Code (if applicable)	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) business 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

### 2018 Michigan Energy Assistance Program

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

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Note: Use this form only when there is no income in the household**

## Self Employment Affidavit

### 2018 Michigan Energy Assistance Program

**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.

Estimated earnings is supported by:

- accountant's/bookkeeper's statement    business receipts/checkstubs    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 in this affidavit is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_