

# MICHIGAN ENERGY ASSISTANCE PROGRAM

UPPER PENINSULA PROJECT COORDINATED BY SUPERIOR WATERSHED PARTNERSHIP AND PROJECT PARTNER AGENCIES

2 Peter White Drive • Presque Isle Park • Marquette, Michigan 49855

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Superior Watershed Partnership Michigan Energy Assistance Program (SWP MEAP) assistance is for households that are at or below the 150% Federal Poverty Level. Energy services include:

- \* heat-electricity
- \* non-heat electricity
- \* fuel oil
- \* natural gas
- \* propane
- \* wood

*For example, a family of four with a monthly income level at or below \$3,038 may qualify for energy payment assistance.*

## Review all Eligibility Requirements (see page 2)

- If this is your first time completing a SWP MEAP application for the current grant term (October 1, 2016—September 30, 2017) 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 906-228-6095 for intake locations).
- ***If you are returning to seek additional energy assistance for the current grant term you can send your application and required documentation directly to the SWP. See above for address and fax. If you prefer to submit by email, send to the following: [tonya@superiorwatersheds.org](mailto:tonya@superiorwatersheds.org) and [emily@superiorwatersheds.org](mailto:emily@superiorwatersheds.org)***
- Bring completed application to appointment. Include all required documentation, an itemized utility bill (must be past due to qualify for MEAP assistance) and a shut-off notice, if applicable. ***Note: Utility bill stub is not sufficient, as it does not show the breakdown of the charges.***
- Required at intake review: An official Social Security card for applicant, official State or Federal Identification for the applicant, and all proofs of income (from the past 30 days). Must have Social Security numbers and birth dates for everyone in the home. Applicant must be the account holder. Applicant must sign and date the application.
- After your appointment, a SWP representative will mail you a letter with the status of your application. Please allow 10 (ten) business days after your appointment or submittal before contacting your intake representative or SWP office to check on the status of your energy assistance.

### 2016 Federal Poverty Level Guidelines

FAMILY SIZE	Monthly 150% Federal Poverty Level
1	\$1,485
2	\$2,003
3	\$2,520
4	\$3,038
5	\$3,555
6	\$4,073
7	\$4,591
8	\$5,111
Each person over 8	Add \$520

*Total income equals gross income minus allowable expenses (i.e. taxes, health insurance deductions, court-ordered child support paid). Provide total income from previous 30 days from date of application for calculation purposes.*

## Complete Application Checklist

- Must be 18 years old or older to apply.
- All pages of the application must be completed and returned.
- Applicant must be the utility bill holder.
- Applications must be signed and dated by the **utility bill holder** or the account holder's legally authorized representative.
- Total income in the household must be at or below 150% of the Federal Poverty Level (FPL).
- 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.
- All income verification must include the employee's name, pay date and/or pay period, employer name and gross amount of pay.
- Pay Stubs: If paid weekly, must receive the most recent four consecutive pay stubs. If paid bi-weekly, must receive most recent two consecutive paystubs.
- 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.
- Any household member age 18 or older that has **no income** must provide documentation showing that they currently receive DHHS benefits and/or they must complete the declaration of no income form.  
*Note: If an adult receives Social Security in a dependent's name and the adult does not have their own income, then the adult will be required to fill out the no income form.*
- If **self-employed**, the household member must complete the attached Self-Employment Affidavit and include proofs such as earnings from self-employment (receipts from an individual's own business or from an owned or rented farm after deductions for business or farm expenses), or Schedule C and current profit and loss statement as proof of income.
- Applicant must be a U.S. citizen or a qualified alien to be eligible.
- Presence of the applicant in Michigan must be verified.
- 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 (Example: If a household heats with propane and wood, the applicant would have to choose one or the other as the primary heat source for the entire grant term.)
- 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.
- A shut-off notice is not required, however, the bill must be past due at the date the application is taken (past due charges must be shown on the bill). If the date is past the due date, but no past due charges are on the bill the client can apply after the new bill with the past due charges is received. For fuel oil and propane customers, the fuel tank must contain no more than 25% of its heating fuel capacity.
- Late fees will not be paid to Michigan Public Service Commission (MPSC) rate regulated utilities.
- A co-pay, if any, will be determined by the SWP staff during the application approval process. A letter will be sent to the intake agency and to the applicant's home address. Proof of payment must be provided within 8 days of decision.



**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 12-8-2016

**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 <b>SELF</b>	Social Security Number	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	Sex	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Relationship to You	Social Security Number	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	Sex	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Relationship to You	Social Security Number	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	Sex	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Relationship to You	Social Security Number	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	Sex	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Relationship to You	Social Security Number	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	Sex	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Relationship to You	Social Security Number	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	Sex	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

**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, month received _____ <input type="checkbox"/> No	Is anyone in the household pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you or do you currently receive benefits from the Department of Health and Human Services (DHHS)?  Yes  No  
If yes check each type:  Cash  Food  Medical

Have you received energy assistance from another agency or through a provider-sponsored program since October 1, 2016? See top of page 5 for specific information.  Yes  No

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

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

<b>Emergency Need: Check the service(s) that you are requesting and the amount needed to resolve the emergency for 30 days.</b>	<input type="checkbox"/> Household Heating \$ _____ *Deliverable fuel _____% remaining in tank or _____ weeks of wood
	<input type="checkbox"/> Electricity (non-heating) \$ _____ (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 percent of the fuel remaining in your tank

### Electric (non-heat) Provider Information

Name and address of company/energy provider		Account number
Service address	Name on account	
<b>Has your electricity been turned off?</b>	<input type="checkbox"/> Yes, date service was turned off: _____	<input type="checkbox"/> No
<b>Have you received a past due or shut off notice for your electricity?</b>	<input type="checkbox"/> Yes, when is service scheduled to be turned off: _____	<input type="checkbox"/> No

### Household Heating Provider Information

Name and address of company/energy provider		Account number
Service address	Name on account	
<b>Has your heat been turned off or have you run out of your only heating fuel source?</b>	<input type="checkbox"/> Yes, date heat was turned off or when fuel ran out: _____	<input type="checkbox"/> No
<b>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?</b>	<input type="checkbox"/> Yes, number of days until fuel runs out or date service is scheduled to be shut off: _____	<input type="checkbox"/> No

### Household Income

<b>Does your household have any income?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No * Fill out form on page 7	<b>Have there been any changes or do you expect a change in your household income in the next 30 days?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, please briefly explain on page 6</b>
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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 from past 30 days!  
**All household members age 18 or older with no income must complete a zero income affidavit.**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Social Security  | <input type="checkbox"/> Disability benefits      | <input type="checkbox"/> Employment/earned income                  |
| <input type="checkbox"/> Supplemental Security Income (SSI)   | <input type="checkbox"/> Self-employment income * | <input type="checkbox"/> Worker's Compensation                     |
| <input type="checkbox"/> Pension/retirement benefits  | <input type="checkbox"/> Unemployment             | <input type="checkbox"/> Money from family/friends                 |
| <input type="checkbox"/> Veteran's Benefits/ Military Allotments  | <input type="checkbox"/> Child Support            | <input type="checkbox"/> Other (ex: lottery winnings) please list: |
| <input type="checkbox"/> Tribal payments (Energy Assistance/LIHEAP, tribal GA, casino/gambling profit sharing, land claims, etc.) |   |  |
| <input type="checkbox"/> Rental income or a land contract, mortgage or other payment payable to a household member                |   | * Fill out form on page 7  |

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.)

Total Household Monthly Income: \$ \_\_\_\_\_

2016 Federal Poverty Level (FPL): % \_\_\_\_\_

**Previous Energy Assistance**

Indicate all agencies where you received energy assistance during the current grant term (Oct '16-Sept '17). Attach proof for each.

Agency	Amount(s) Received \$ _____	Date(s) Received:
Agency	Amount(s) Received \$ _____	Date(s) Received:

- |   |   |
|---|---|
| <input type="checkbox"/> Barry County United Way                                  | <input type="checkbox"/> North Kent Community Services                                |
| <input type="checkbox"/> Consumers Energy   | <input type="checkbox"/> Semco Energy   |
| <input type="checkbox"/> DTE Energy   | <input type="checkbox"/> Society of St. Vincent de Paul of the Archdiocese of Detroit |
| <input type="checkbox"/> Flat River Outreach Ministries                           | <input type="checkbox"/> Superior Watershed Partnership                               |
| <input type="checkbox"/> Lighthouse Emergency Services                            | <input type="checkbox"/> The Heat and Warmth Fund                                     |
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)       | <input type="checkbox"/> The Salvation Army   |
| <input type="checkbox"/> Michigan Community Action Agency                         | <input type="checkbox"/> TrueNorth Community Services                                 |
| <input type="checkbox"/> Michigan Department of Health and Human Services (MDHHS) | <input type="checkbox"/> United Way of Southeastern MI                                |

Note: Customer co-pay is based on the 2016 Federal Poverty Level (FPL)

\* 0% FPL – 100% FPL = 0% Co-pay \* 101% FPL – 125% FPL = 10% Co-pay \* 126% FPL – 150% FPL = 20% Co-pay

**Client Intake Form (This section is to be filled out by the SWP MEAP staff)**

Primary Heat <small>(Attach quotes from energy providers for propane and fuel oil)</small>		Non-Heat Electric	
Quoted Amount	\$ _____	Past due charges	\$ _____
Past due charges	\$ _____	Current charges	\$ _____
Current charges	\$ _____	Rate Regulated Late Fees	\$ _____
Rate Regulated Late Fees	\$ _____	Total Amount Owed	\$ _____
Total Amount Owed	\$ _____	Co-pay (If applicable)	\$ _____
Co-pay (If applicable)	\$ _____	Total Amount Awarded	\$ _____
Total Amount Awarded	\$ _____		

**Self-Sufficiency Requirement**

Please answer all questions below.

Did you receive 4 LED lightbulbs at the time of your first application?  Yes  No

Do you think you will need to apply for additional assistance during the current grant term?  Yes  No

If yes, you must sign up for a class before a second request can be submitted (see below).

**Are you interested in signing up for a budgeting and energy conservation class?**  Yes  No  Completed

*Note: After successful completion of the class you will be able to apply to the SWP MEAP for additional energy assists.*

*Note: At completion of in-person class you will receive an additional 16 LED Light bulbs and an Energy Savers Guide.*

**Are you interested in signing up for a budgeting and energy conservation webinar?**  Yes  No  Completed

*Note: After successful completion of the webinar you will be able to apply to the SWP MEAP for additional energy assists.*

How would you prefer to be contacted ? Please Check your preference:  Phone Call  Text  E-mail  Letter

## 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) 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:

**This declaration of no income is to be signed by any individual who is 18 years of age and over who claims on the application to be unemployed.**

I, \_\_\_\_\_, do hereby declare that I have not received any income in the past 30 days and do not expect to receive any income in the next 30 days.

The reason that I have had no income for the months listed above is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have been meeting my basic living needs for food, shelter and utilities in the following way:

Food: \_\_\_\_\_

Shelter: \_\_\_\_\_

Utilities: \_\_\_\_\_

I certify that the information contained above is complete 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.

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

**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/check stubs  
 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 \_\_\_\_\_