

MEAP 2022 Energy Security Plan**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 SELF	MDHHS Case ID
Name	Relationship to You	
Name	Relationship to You	
Name	Relationship to You	

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

Home Heating Credit (HHC): Have you applied for or received the HHC (Energy Draft) in the last 6 months?	☐ Yes, month received _____ ☐ No
Have you received energy assistance from another agency or through a provider-sponsored program since October 1?	☐ Yes, who was the provider(s): _____ ☐ No
How do you heat your home? (Select One) ☐ Natural Gas ☐ Propane ☐ Wood ☐ 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

Electric (non-heat) Provider Information

Name and address of company/energy provider	Account number
	Name on account

Heat Provider Information

Name and address of company/energy provider	Account number
Service address	Name on account

Signature Requirement

Please sign below after reading the following information, otherwise this application will be considered incomplete

- As part of this MEAP agreement, 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 your household pay energy bills and understand energy consumption. Participation in the activities outlined in this plan/agreement are required in order to receive any additional energy assistance benefits.

- 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).

- 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 head of household	Date	Signature of spouse	Date
Address (Numbers & Street Name, Apt., etc.)		Signature of agency representative	Date
Current phone number	Email	Identification of applicant or authorized representative	

Affordable Payment Plan

My energy provider is one of the following: Consumers Energy, DTE Energy, Great Lakes Energy, SEMCO Energy, or UPPCO.

☐ Yes

☐ No

Please check one

☐

I agree to the terms and conditions of the Affordable Payment Plan offered by my energy provider and have received a list of the terms and conditions of this plan.

☐

I do not want to enroll in an affordable payment plan to receive monthly assistance with my energy bill.

Signature of applicant or head of household	Date
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Internal Use Only

Check the self-sufficiency services offered to this household (documentation must be maintained in the client file)

☐ Needs assessment and referral(s)

☐ Financial counseling

☐ Vendor advocacy

☐ Short term case management

☐ Energy education

☐ Long term case management

Signature of grantee representative	Date
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