

MEAP Self – Sufficiency Application



Michigan Energy Assistance Program (MEAP)
MEAP Self-Sufficiency Application

I understand that my signature on this completed application indicates my request for Utility/Heat Source Assistance. I also understand that I will be participating in self-sufficiency programming as required and or available in my area.

Section 1 - Household

Applicant Information: This should be information about the account holder or spouse ONLY

Name of applicant: Last, First, Middle		Primary Phone:	
Text Updates: Y / N	Email Address:	Disabled: Y / N	Veteran: Y / N
Mobile or Message Phone:			
*My home has some form of income: Y / N	MDHHS Case ID:		

*If you chose N (No) for having household income, please ensure you fill out **Section 3**

How do you prefer to be contacted: Text Email Phone U.S. Mail

Household Information

Attach extra pages if you need to include additional household 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.

Name	Relationship to You
Name	Relationship to You
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 – Same as above Yes

Address (Numbers & Street Name, Post Office Box)		City
State	County	Zip Code

Section 2 – Utility Information

Utility Information:

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
Have you received Energy assistance from another agency or through a provider sponsored program since October 1?	<input type="checkbox"/> Yes, who was the provider? _____ <input type="checkbox"/> No

MEAP Self – Sufficiency Application



Electric (non-heat) Provider Information

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

Household Heating Provider Information

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

Section 3 – *Zero Income, One-Time Assist

*Only applies to applicants with no household income as marked in **Section 1**

One-Time Assist

How do you heat your home? Natural Gas Propane Wood No Heat Obligation
(Select One) Fuel Oil Electric Heat* Coal Other _____

What is the total amount owed on your bill at this time? \$ _____

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

Section 4 – Self-Sufficiency

In addition to utility assistance, United Way of Jackson County will work with you to develop a self-sufficiency plan which could have multiple components.

Affordable Payment Plan

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 spouse	Date
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I understand as a part of this process I will be provided with the applicable services below.

Other Services:

- Information on how to enroll in my utility provider's online system, which could include information on my energy usage and text reminders on when my bill will be due (if available through utility provider)
- Needs assessment and short-term case management
- Budget (**Required** - Complete the budget worksheet below with all of your household's income and expenses)
- Monthly email tips (includes information such as energy savings tips and where to access local resources)

MEAP Self – Sufficiency Application



Please tell me what you need: (Check all that apply)

- I am in need of transportation
- I struggle to afford good food
- I am in need of daily living supplies
- I am in need of rent/mortgage assistance
- I am in need of a place to stay
- I have never done a household budget
- I am I need of: (Other) _____

In addition, I would like to access the following services (please check all that apply):

- I would like to participate in a private Facebook group with other customers, where I can share and receive information about resources in my community and win cool prizes
- I am interested in participating in an online program that covers topics such as understanding savings and spending, credit, and managing my budget
- I am interested in attending financial coaching or financial education classes through my local bank or credit union (not available in all areas)
- I am interested in Budget Coaching (over the phone)

Please see below to get a sense of how ready you are for Budget Coaching. Check the box in front of each statement that best describes you. Please check all that apply!

- I really need to improve my financial situation.
- I would love to, and need to, learn new financial skills.
- I need honest, outside perspective.
- I am committed to learning how to better manage my finances. I understand this takes time and effort on my part.
- I would benefit from an accountability partner to help me stick to my commitments and goals.
- I know that if I don't change my actions and current habits, it could hinder my success.
- Having to be accountable to deadlines and reporting milestones motivates me as a person.
- I am eager and willing to make changes, to have the life I want.

Continue to complete your required budget worksheet and the signature page!

MEAP Self – Sufficiency Application



*Required for your completed application

Monthly Budget:

Please complete this entire worksheet. You must include ALL Income and expenses

Name _____ Account _____

<u>Monthly Income:</u>		<u>Current:</u>	
Gross Employment Wages	\$	_____	
Self- Employment	\$	_____	
Unemployment Income	\$	_____	
Child Support/Alimony	\$	_____	
Pension/Annuity	\$	_____	
Support from Family/Friends	\$	_____	
Retirement	\$	_____	
Social Security (Disability - SSD)	\$	_____	
Social Security (Supplemental- SSI)	\$	_____	
Worker's Compensation	\$	_____	
Veteran's Benefits	\$	_____	
Other income (Please Specify):	\$	_____	
<u>Government Benefits:</u>			
FIP	\$	_____	
TANF	\$	_____	
Food Stamps/WIC	\$	_____	
Housing Assistance	\$	_____	
Medical Assistance	\$	_____	
Childcare Assistance	\$	_____	
Other Benefits (Please Specify):	\$	_____	
TOTAL INCOME:	\$	_____	
<u>Monthly Expenses:</u>		<u>Current:</u>	
Rent/Mortgage	\$	_____	
Rent/Home insurance (if NOT in monthly payment)	\$	_____	
Property Tax (if NOT included in monthly payment)	\$	_____	
Gas/Heating	\$	_____	
Electric Service	\$	_____	
Water Bill	\$	_____	
Child Care	\$	_____	
Food Stamps/WIC	\$	_____	
Vehicle Pmt	\$	_____	
Vehicle Insurance	\$	_____	
Transportation (gas, bus, taxi, ride share cost)	\$	_____	
Health/Prescription Insurance Cost	\$	_____	
Medical Bills	\$	_____	
Student Loans	\$	_____	
Credit cards (List _____ , _____ , _____)	\$	_____	
Cable/Internet (Provider: _____)	\$	_____	
Phone (Provider: _____)	\$	_____	
Check Cashing fees/Payday Loans	\$	_____	
Child Support (Paid)	\$	_____	Total Income \$
Other expense (Please specify)	\$	_____	(-) Total Expenses \$
TOTAL EXPENSES:	\$	_____	Net Income (Loss) \$

MEAP Self – Sufficiency Application



Signature Requirement

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

•	As part of the 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.			
•	I will allow MEAP providers to share my information for the sole purpose of facilitating enrollment into an alternative or additional MEAP-funded program.			
•	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 Spouse		Date	Phone Number:	
Signature of UWJC Representative		Date	Signature of agency representative (if applicable)	Date