

EVENT INFO

CYCLE

Michigan Energy Assistance Program

MEAP Application

SEMCO ENERGY Gas Company

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.

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?	Date of Birth	Citizen?
	SELF		<input type="checkbox"/> Yes <input type="checkbox"/> No		<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	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	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	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	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	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

Total household members

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

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

Household Heating \$ _____
 If this is a prepaid account, amount in account \$ _____
 *If deliverable fuel, percentage remaining in tank _____ %

Electricity (non-heating) \$ _____
 If this is a prepaid account, amount in account \$ _____

*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	
Has your electricity been turned off?	<input type="checkbox"/> Yes, date service was turned off: _____	<input type="checkbox"/> No
Have you received a past due or shut off notice for your electricity?	<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 SEMCO ENERGY Gas Company		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, date heat was turned off or when fuel ran out: _____	<input type="checkbox"/> No
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?	<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

Does your household have any income?	<input type="checkbox"/> Yes, Total monthly Income: \$ _____	<input type="checkbox"/> No
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Please check all sources of income that your household expects to receive in the next 30 days

- Social Security
- Disability benefits
- Employment/earned income
- Supplemental Security Income (SSI)
- Self-employment income /earned
- 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 /other earned income

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.)

Have there been any changes or do you expect a change in your household income in the next 30 days?

No Yes, Please briefly explain below:

Income Expenses

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

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

Signature Requirement

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

- 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.

- 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).

- 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.

- I understand with participation in this program, I may not be eligible to receive SER or other MEAP assistance during the program year.

- I am aware that I may not receive more than \$3,000 in total MEAP assistance from all MEAP providers for this program year.

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	Identification of applicant or authorized representative		

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.

Comments: (SEMCO USE ONLY)

MAP Reenrollee

Previously Active Acct #



Monthly Assistance Program (MAP)
Application Checklist

1. Complete the application, check information listed, **sign**, and **date**.
Include gas and electric account information.

COPY OF:


2. **Picture ID** for the SEMCO account holder.

AND


Proof of residency if the current service address is not listed on the ID (example: phone, cable, or another utility bill).

3. **Social Security Card** for the SEMCO account holder.
4. **Proof of income** for ALL household members
 - All paystubs within the last 30 days.
 - Statements for Cash Assistance (DHHS), Unemployment, Child Support, Workers Compensation, **dated within the last 30 days**.
 - Self Declaration for self-employment (form available upon request).
 - **Current year** award letters for: Social Security, SSI, or Social Security Disability, Veterans Affairs benefits, or pension/retirement income.


Contact us:

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