



MARYLAND OFFICE OF HOME ENERGY PROGRAMS

Arrearage Retirement Assistance - Point in Time Waiver

Applicant's Name:

Client ID #:

Address:

☐ Check box if this is a new address from original application

I have a turn-off notice or my service is currently off and would like to be screened for an arrearage grant waiver. Since the time of my original OHEP application (check all that apply below):

☐

I have had a reduction in income (Attached income documentation for the last 30 days for all household members 18 years and older)

Explain Change:

☐

There has been a change in my household composition

Explain Change:

☐

I have a household member under the age of 2 or over the age of 65 (attach proof of age)

☐

I have a household member who is medically fragile (attach Physician's Certification form)

I swear (or affirm) that all information on this declaration is true, correct and complete to the best of my ability, knowledge and belief. I understand that arrearage grants are provided at time of original application, and my request for a waiver to this rule is subject to approval by the Local Administering Agency (LAA) Director, consistent to OHEP program policies & procedures. I understand that if approved for the arrearage assistance, I will not be eligible to receive another arrearage grant for the next seven years, with certain exceptions.

I give permission to the Office of Home Energy Programs (OHEP) and/or the Office of the Inspector General (OIG) to check all household income, bank accounts, housing expenses, insurances and any other benefits and for other governmental/non-governmental agencies to give and/or receive information from OHEP needed to complete this application.

Maryland has a fraud law. Punishment can occur for not telling the truth when applying for assistance to pay home energy costs.

I understand that I will be penalized by fine and/or imprisonment for giving false statements. My signature below makes this statement binding.

Applicant's Signature:

Date:

Worker's Signature:

Date: