MARYLAND OFFICE OF HOME ENERGY PROGRAMS
CRISIS SEASON DECLARATION FORM

RETURN THIS FORM TO:

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***Instructions*: Applicants who are not able to provide a complete application in order to determine eligibility must sign this form. Applicants who cannot provide proof of all gross income received in the last 30 days for all household members may declare their income on this form. Income includes but is not limited to: wages, self-employment, Social Security, TCA/TDAP, Unemployment, monetary gifts and loans. This form is only to be used during crisis season (November 1 – March 31).**

Applicant's Name: _____

Applicant's Client ID #: Local agency will provide

Initial each statement below that is true:

_____ I certify that I have a crisis as defined on my OHEP application under Section 3 – Crisis Information.

_____ My household is income eligible based on the OHEP guidelines for the past (30) day period from_____ to _____ .

_____ My household's total *gross* income (before taxes are deducted) received in the last 30 days was $_____.

_____ At this time, I still need to provide additional documentation in order to determine eligibility for OHEP benefits. I have been given a Request for Additional Information for the items I need to provide.

_____ I understand that if I do not provide all information requested to complete my application within 15 days and prove that I am eligible for the crisis benefit I received, I will be required to pay the benefit back to the Office of Home Energy Programs.

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 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.

When this form is completed by other than the applicant, the signer(s) agree to report to the local agency any changes of which he/she is aware in the financial circumstances of the applicant or in his/her relationship to the applicant.

_____ _____ _____

Applicant's Name | Applicant's Signature | Date Signed

OFFICE USE ONLY:

Date and Time Received: _____

Reviewed & Approved: _____ _____

Worker's Signature | Date