



Montgomery County, MD
Department of Housing and Community Affairs
Energy Efficiency Program Application



Welcome to the Montgomery County Energy Efficiency Program (MCEEP). Habitat for Humanity Metro Maryland, Inc. is working in partnership with the Montgomery County Department of Housing and Community Affairs (DHCA). We look forward to working with you and your family to reduce your energy costs while creating a healthier and more comfortable home.

Please submit your completed application to:

Montgomery County Energy Efficiency Program
Habitat for Humanity Metro Maryland, Inc.
8380 Colesville Road, Suite 700
Silver Spring, MD 20910
Phone 301-990-0014 Fax 301-990-7536

Please review the application thoroughly for completeness and include the documentation identified in the checklist below. We cannot process an incomplete application or one missing required documentation. Complete applications with all required documentation will be processed promptly.

- Completed Application
- Copy of Photo ID for all household members 18 years and older
- Proof of last 30 days' GROSS household income (bank statements are not valid)
- Signed MCEEP Homeowner Agreement (page 6)
- Current Electric Bill
- Current heating bill (if heating source is not electric)



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PLEASE PRINT ALL INFORMATION. Be sure to fill out all information clearly and completely. Please return the completed application to:

Habitat for Humanity Metro Maryland, Inc.,

along with:

- Proof of gross household income for the last 30 days prior to the date you sign this application (Bank statements are not considered valid proof of gross income,)
- Proof of identification for the applicant for all members of the household.
- A current electric bill and a current heating bill, if electricity is not your heating source.

Name					
Address					
City, State, Zip					
Email					
Primary Phone Number	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	<input type="checkbox"/> Friend/Relative	
Secondary Phone Number	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	<input type="checkbox"/> Friend/Relative	

LIVING ARRANGEMENTS

Do you live in a:	<input type="checkbox"/> Single Family House	<input type="checkbox"/> Condominium Unit	<input type="checkbox"/> Townhouse
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HOUSEHOLD INFORMATION (additional pages can be attached)

FAMILY INFORMATION: Provide the requested information for each household member who will be living with you. Include yourself in this section.								
Name	Gender* (select one)		Date of Birth	Race* (codes in table below)	Disabled (D) or Senior (S)		List all types of income	30-day gross income
	M	F			D	S		
* Applicants can refuse to answer								
Race: 1. Black or African-American 2. White 3. Hispanic 4. Asian, Hawaiian or Pacific Islander 5. American Indian or Alaskan native 6. Multi-Racial 7. Other								

Applicant Name:

ELECTRIC COMPANY INFORMATION

My electric company is:					
The name on the account is:			Account Number:		
I have a turn-off notice from this company:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	My service is turned off now:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have an alternate electric supplier, list the name here:					
Does your house have air conditioning?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If no, how do you cool your home?					

CHECK ONE BOX BELOW FOR THE MAIN HEATING SOURCE OF YOUR HOME

<input type="checkbox"/> Electricity	<input type="checkbox"/> Utility Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Oil	<input type="checkbox"/> Other:

My heat supplier or fuel company is				
The name on the account is:		Account Number:		

HEALTH, SAFETY AND STRUCTURAL CONDITION OF HOME – Please check the boxes below for any health, safety or structural conditions in your home:

- I have received a notice that my electricity will be turned off
- I have received a disconnect notice from my heat supplier or fuel company
- My electrical service is turned off now
- My house has no heat. Why:

My house has the following problems:

- Missing or broken windows or external doors
- Mold or mildew
- Active roof leaks
- Any damage to ceilings
- Electrical violations or hazards
- Plumbing leaks, moisture problems
- Other health, safety or structural conditions in your home:

Applicant Name:

CERTIFICATIONS:

By signing below:

I declare under penalty of perjury that the information provided to the Montgomery County Energy Efficiency Improvement Program is true, correct and complete. I understand that when this application is signed, permission is given: 1) For DHCA and Habitat for Humanity Metro Maryland, Inc. to verify all household income and any other benefits; and 2) For other governmental and nongovernmental agencies to give and/or receive information from/to DHCA and Habitat for Humanity Metro Maryland, Inc. needed to review and complete this application.

Applicant's Signature

Date



**Montgomery County, MD
Department of Housing and Community Affairs**



MCEEP HOMEOWNER AGREEMENT

PLEASE PRINT

NAME		DATE	
ADRESSE			

I have applied to, and been conditionally accepted by, the Montgomery County Energy Efficiency Program and understand the Scope of Work dated _____ has been recommended for my home. Approved work will be performed by licensed contractor(s) at no cost to me. Final approval of this Scope by Montgomery County (“the County”) may include some, or all, of the recommended items. I agree to having all approved repairs performed.

I understand all efforts will be made to perform these services with as few home visits as possible but recognize that due to the range of the improvements approved, I may need to provide contractor access to my home for installations. Once my project has been finally approved, I agree to making such arrangements as may be necessary to accommodate such contractor visit(s) without unreasonable delay. Further, I understand that if the County determines such access has been unreasonably withheld, this project may be cancelled.

All work that will be done has a one-year labor and materials warranty through the installation contractor. Equipment installed may have longer warranties on the materials and equipment through the manufacturer of that equipment. You will be provided with all warranty documentation upon completion of the installation.

Homeowner Signature Date Homeowner Signature Date

Witness Name: _____ Signature: _____ Date _____

COMPLETION STATEMENT

I certify the Scope of Work dated _____ at the above address has been fully and successfully completed.

Homeowner Signature Date Homeowner Signature Date

Witness Name: _____ Signature: _____ Date _____

ATTACHMENT 2 – ELIGIBILITY REQUIREMENTS

To qualify as eligible for this program the Applicant must:

1. Own, and reside in, a home in Montgomery County
 - a. Documented by a print out of the Maryland Department of Assessment and Taxation listing (<https://sdat.dat.maryland.gov/RealProperty/Pages/default.aspx>) and the signature on the Application swearing that is the Applicant’s current residence.

2. Have a documented household income at or below ~68% of Area Median Income (see table below)
 - a. Documented by copy of most recent year’s tax return, or
 - b. documentation of receipt of other government income-determined benefits (Housing Choice Voucher or other rental assistance, SSI, SSDI, FARMS, TANF, Medical Assistance, etc.), or
 - c. copies of most recent 30 days of paystubs for all income-earning household members.

3. Be a PEPCO customer
 - a. Documented by a copy of a current PEPCO bill in the Applicant’s name at the Applicant’s address

4. In the event waiting lists become necessary, Seniors must be placed at the head of the list and served first.

MAXIMUM HOUSEHOLD INCOME LIMITS FOR MCEEP PROGRAM

Family Size	~68% AMI
	Low Income
1	\$52,550
2	\$60,050
3	\$67,550
4	\$75,050
5	\$81,100
6	\$87,100
7	\$93,100
8	\$99,100

FOR OFFICE USE ONLY
APPROVED BY
APPROVAL DATE
JOB NUMBER