



MARYLAND OFFICE OF
HOME ENERGY PROGRAMS
LANDLORD AGREEMENT

RETURN THIS FORM TO:

Date: _____

Dear _____ :

Your tenant, _____, has applied for energy assistance through the Maryland Office of Home Energy Programs. Because your tenant pays for their heat or electricity as part of their monthly rent, the tenant's energy assistance benefit may be paid directly to you as the provider of heat and/or electricity for that rental unit.

If you accept energy assistance benefits for any tenant, you are agreeing to reduce that tenant's rent or utility charge by the amount of the benefit you have received on his/her behalf.

Your tenant's Maryland Energy Assistance Program (MEAP) or Electric Universal Service Program benefit is to be used only to reduce their rent or utility charge in relation to heating or electric costs. Therefore, the MEAP or EUSP benefit may not be used toward a security deposit or retained for dwelling damage costs.

Please complete the enclosed form and return it to the Local Administering Agency (address provided below), within fifteen (15) days of the date of this letter, in the self-addressed envelope provided. Your participation in the program will help ensure that your tenant avoids utility disconnection and maintains heat in their unit.

If you have any questions, please call _____ at _____.

Sincerely,

MARYLAND OFFICE OF HOME ENERGY PROGRAMS- Landlord Agreement

I, _____, affirm that I am the Landlord (or Landlord's representative) of an applicant for energy assistance who resides in a rental unit at that I manage at _____ .
Address

Heating Grant- Maryland Energy Assistance Program

Please check all the statements that apply below:

- I do not want to participate in the Maryland Energy Assistance Program (MEAP)
- I want to participate and affirm that heating costs are included in the tenants' rent payments. I will apply the full benefit to the tenant listed above's monthly heating payment until the full benefit has been used.

If you chose to receive the MEAP heating grant for your tenant, please check the box next to the type of heating fuel used in the unit.

Natural Gas Electricity Oil Propane Other

- This rental unit is sub-metered and heating costs are billed to the tenant through a utility billing company. This tenant does NOT pay heating costs as part of their rent.

Please provide OHEP with the utility billing company you use so we may contact them about your tenant's heating costs:

(Name of Sub-Meter Gas or Electric Company)

Electric Grant- Electric Universal Service Program

Please check all the statements that apply below:

- I do not want to participate in the Electric Universal Service Program
- I want to participate and affirm that electricity costs are included in the tenants' rent payments. I will apply the full benefit to the tenant listed above's monthly electricity payment until the full benefit has been used.
- This rental unit is sub-metered and electricity costs are billed to the tenant through a utility billing company. This tenant does NOT pay heating costs as part of their rent.

Please provide OHEP with the utility billing company you use so we may contact them about your tenant's heating costs:

(Name of Sub-Meter Electric Company)

Information about your tenant and how they pay rent:

Below, please provide additional information about how your tenant pays rent and if you receive any funds to off-set their rental payment through government programs. This information will help OHEP determine the size of your tenant's benefit.

- This tenant's heat or electric is subsidized with the rent (Section 8 HUD--Housing & Urban Development).
- This tenant's rent is offset through the Department of Housing & Urban Development's Below Market Interest Rate Program (BMIR) and the tenant receives a reduced rent below market rate.
- This tenant's rent is subsidized through another state or federal program. The name of this program is:

Other tenants of yours who may benefit from OHEP programs:

If you own or manage multiple units at the address listed above and believe you have other tenants who may qualify for assistance through the Office of Home Energy Programs you may check the box below to extend this agreement to tenants of yours in other units at this address.

- Yes, I would like to receive heating and/or electric grants for my other tenants at this address.

Agreement

By signing this Landlord Agreement, I hereby agree to the following:

- 1) In the event of a Liability Offset reduction in the benefit check I understand that the requirements above must be met.
NOTE: Payments issued by the State of Maryland are subject to a Liability Offset. This means that each payment being issued by the State is reviewed for any obligations owed to the State. If found, it will be deducted from the check. Your obligation is still to credit the full amount of the benefit to the tenant.
- 2) I will not apply the tenant's MEAP or EUSP benefit toward a security deposit or retain OHEP benefit as payment for damages done to the unit.
- 3) I will immediately contact the Agency named below should a tenant for whom I am receiving a MEAP or EUSP benefit move from the address above before the benefit has been exhausted and I will return the unused funds to OHEP.
- 4) I will notify the Agency named below if I decide to no longer wish to receive MEAP or EUSP benefits on behalf of my tenants.

Landlords of roomers/boarders complete this section:

Current residents of each room may receive one benefit per room. If current residents leave, new tenants may receive a benefit for that room.

NUMBER of rooms being rented: _____

CURRENT RESIDENTS of each room. Please list residents below:

Room #1: _____

Room #2: _____

Room #3: _____

Use additional space if necessary.

I am aware that anyone who knowingly provides false information in connection with the Office of Home Energy Programs will be fined not more than \$10,000 or imprisoned not more than five years or both.

Landlord/Company Name

Office Address

Telephone Number

Email Address

Federal Tax I.D. Number or Social Security Number*

Signature of Landlord or Authorized Representative

Date Signed

If agreeing to participate for multiple rental units, list all addresses this Landlord Agreement applies to in the box below:

*Note: This agreement is not valid if a Federal Tax I.D. or Social Security Number is not provided.

Please return this form to: _____

OFFICE USE ONLY:
Date received: _____
Reviewed and approved: _____
Worker's Signature _____ Date _____