

The BlockChain Frontiers Foundation (BFF) non-profit organization with support from members of the Municipal Collaboration\_ and jurisdictions in the Southern and Central District of Maryland are providing weatherization upgrades, funded by a MEA grant, at no cost to the home owner if qualified, that will save you money on monthly utility bills and make your home more energy efficient.

Website: <http://www.e2f2.us/blog/>

Please contact Lt. (Ret) James (Jim) Flynn 240-417-9098 (cell), Fax# 240-786-4186, or Alison Miller 301-908-4079 to verify.

All homeowners must meet income criteria and be willing to provide documentation of income.

**Page 1 and Page 2 of Federal Income Tax Return form 1040**

Number of People Living in House	Owner(s) Only Annual Income Must Be Less than	Number of People Living in House	Owner(s) Only Annual Income Must Be Less than
1 →	\$69,800.00	2 →	\$79,750.00
3 →	\$89,700.00	4 →	\$99,600.00
5 →	\$107,600.00	6 →	\$115,600.00
7 →	\$123,600.00	8 →	\$131,600.00

The following make the home ineligible for this opportunity: **False Income Statements** or; Aggressive dogs not being safely handled; Drug use on premises; Threats to auditor; structurally inadequate; rental property; and/or other safety or issues prohibited by grant special conditions.

In addition to the above, the following could (after inspection) also make the home ineligible: Nub and Tub wiring (means you can't install attic insulation); Mold problem; water problem such as a hole in the roof or standing water in the basement; home sealed too tight resulting in the inability of fumes to escape through natural ventilation; major roof issues; major plumbing issues; or a Gas leak.

Veterans and/or Retired Homeowners will be given preference.

See accompanying Income Affidavit and Agreement, complete and then: Fax, email or Mail to: Attn: Lt. (Ret.) James (Jim) Flynn, BFF-E2F2 located 6852 Distribution Drive, Beltsville, MD 20705, 240-786-4186 (fax); email: [JF258@aol.com](mailto:JF258@aol.com) or [Jim.Flynn@e2f2.us](mailto:Jim.Flynn@e2f2.us) or Alison Miller: [stg\\_am@msn.com](mailto:stg_am@msn.com)



**EmPOWER CLEAN ENERGY Communities Grant Program**

**Blockchain Frontiers Foundation Municipal Collaboration for L/M Income Energy Efficiency Upgrades  
Maryland Energy Administration Grant No.: 2019-03-331S1**

Website: <http://www.e2f2.us/blog/>

**Affidavit of Income**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Work: \_\_\_\_\_ email: \_\_\_\_\_

\_\_\_\_ I am a Veteran    \_\_\_\_ I am a Senior Citizen

Number of People Living in House	Owner(s) Only Annual Income Less than:		Number of People Living in House	Owner(s) Only Annual Income Less than:
1	\$69,800.00		2	\$79,750.00
3	\$89,700.00		4	\$99,600.00
5	\$107,600.00		6	\$115,600.00
7	\$123,600.00		8	\$131,600.00

**I certify that there are [ ] persons living in the house** and my/our annual gross income is LESS THAN the stated maximum allowable income identified above in the "Income Table." Supported by the following document which is attached: \_\_\_\_\_ (*initial*)

I understand that this information is subject to verification by the State of Maryland.

2018 Federal Form 1040 Income Tax Return (***Page 1 and Page 2 only***)  
**or**

Social Security Annual Benefit Stub or proof of income (*if you're not required to file*)

**Utility and Energy Supplier Information**

Gas Utility: \_\_\_\_\_ Account #: \_\_\_\_\_

Electric Utility: \_\_\_\_\_ Account #: \_\_\_\_\_

Other Fuel Supplier: \_\_\_\_\_  Oil  Propane / Account #: \_\_\_\_\_

**Please complete and return the affidavit with your TAX Forms (income verification) to: Lt. (Ret.) James (Jim) Flynn, BFF-E2F2 located 6852 Distribution Drive, Beltsville, MD 20705, 240-786-4186 (fax); email: [JF258@aol.com](mailto:JF258@aol.com) or [Jim.Flynn@e2f2.us](mailto:Jim.Flynn@e2f2.us) or Alison Miller at email: [stg\\_am@msn.com](mailto:stg_am@msn.com), for appropriate processing.**

*I solemnly declare, under oath, and subject to the penalties of perjury, declare that the above information is true and correct to the best of my knowledge, information and belief.*

\_\_\_\_\_  
Signature of Affiant                      Date

\_\_\_\_\_  
Person Receiving Affidavit              Date

