

ENERGY SHARE OF MONTANA APPLICATION



Physical Address _____ Mailing Address _____ City, State _____ Zip _____

Phones: Home _____ Cell _____ Message _____ Name of contact _____

Email: _____ [] OWN [] RENT Rent subsidized: Y / N HOUSING TYPE: [] House [] Double-wide mobile [] Single-wide mobile [] Multi-family

HOUSEHOLD MEMBER INFORMATION (everyone residing in the dwelling as of the application date)

Last Name First Name MI	Alias (Other Names Used)	Social Security Number (SSN)	Relationship to Head of Household	Birth Date			A G E	G E N D E R	H I S P A N I C Y/N	R A C E	V E T E R A N Y/N	D I S A B L E D Y/N	T R I B A L MEM. Y/N	Type of Health Insurance	Currently in Literacy Training Yes/No	Currently in School Yes/No	Highest Grade Completed	Employment Status
				M	D	Y												
01			HEAD															
02																		
03																		
04																		
05																		
06																		
07																		

Have you received LIEAP/Tribal assistance? Y / N Have you received Energy Share before? Y / N When? _____ Have you repaid it? Y / N

Heating fuel type: Natural Gas / Electric / Propane / Fuel Oil / Wood / Coal Has your home been weatherized? Y / N / Don't Know

Have you applied elsewhere for assistance with this emergency? Y / N If so, where? _____

Type of Emergency: Income reduction Illness/injury Roommate issues Family Death Furnace not working Moving Expense Divorce/separation

Insufficient income Garnishments Unexpected Expense Other _____ Full amount of assistance requested: \$ _____

Medical Expenses paid in past year (Rx, co-pays, etc.) \$ _____

Medical bills outstanding total \$ _____

Energy Provider _____ Will you repay? Y / N (does not affect decision)

Monthly Household Income (verification required):

PROVIDE COPY OF BILL AND/OR DISCONNECT NOTICE

Wages/Salary \$ _____ Self-employment/Odd Jobs: \$ _____ Retirement/Pension: \$ _____ TANF: \$ _____

SS/SSI/SSDI \$ _____ Child Support \$ _____ CS case # _____ Food Stamps: \$ _____ Loans: \$ _____

Tribal Income: \$ _____ Family Support/Gifts: \$ _____ Other: _____

Assets: (verification required)

Checking: \$ _____

Savings: \$ _____

Cash on hand: \$ _____

Repayment Agreement:

Have you made any contact with the vendor

regarding the past due bill? Yes / No

Are you in a payment arrangement: Y / N

Terms: _____

I, _____ agree to repay Energy Share \$ _____ each month to

repay my Energy Share loan, if approved for assistance. My first reimbursement payment will

be made on ____/____/____. I will repay the loan to the best of my ability until it is paid in full.

I understand if I am approved, and do not repay this loan, I could be denied future Energy

Share assistance, regardless of the emergency. I will send the payments to:

Energy Share of Montana PO Box 5959 Helena, MT 59604

Please describe in detail your specific, recent circumstances (in the last 6 months) that

prevented you from paying your utility bill (use additional pages as necessary):

Please briefly explain what action you will take to improve your situation to keep you from
 having another energy crisis, as well as provide an explanation for any adult in the household
 who does not currently have an income (use additional pages as necessary):

Monthly Expense:	Monthly Amt Owed	"X" if paid last month:
Rent/Lot rent	\$	
Mortgage	\$	
Primary heat	\$	
Electric	\$	
Water/sewer/garbage	\$	
Property taxes (monthly amt)	\$	
Internet	\$	
Cable	\$	
Food (not covered by SNAP)	\$	
Child Care	\$	
Child Support	\$	
Car payment	\$	
Cost of gas, bus, taxi, etc.	\$	
Auto Insurance	\$	
Health Insurance	\$	
Garnishments	\$	
Fines or other penalties	\$	
Credit Cards	\$	
Loans	\$	
Doctor/Dentist co-pays	\$	
Prescriptions (out of pocket)	\$	
Phones: home and cell	\$	
Other (describe)	\$	
TOTAL		

ENERGY SHARE OF MONTANA RELEASE OF CONFIDENTIAL INFORMATION AND WAIVER OF LIABILITY

AUTHORIZATION TO ENERGY SHARE OF MONTANA TO OBTAIN PERSONAL INFORMATION: I authorize any individual, company, agency, or other entity which has information about me or my household, including, but not limited to, the information sources listed below to release or disclose information to Energy Share of Montana (ES) and/or to any agent or contractor of ES which is authorized to determine eligibility for Energy Assistance benefits. I authorize the disclosure or release of any information relevant to my eligibility for Energy Assistance benefits, including, but not limited to, the information to be released or disclosed listed below. I understand any information obtained will be kept confidential and will be used only for the purposes directly connected with the administration of benefits or services and only during the pertinent time period. I further understand that any information obtained may be released or disclosed to a proper government agency, court of law, or law enforcement agency for purposes of legal investigative actions concerning fraud. I further understand that information contained on this application can be used in ES electronic databases for the determination of eligibility for programs and/or to record services provided to my household for federal and/or state reporting purposes.

INFORMATION SOURCE: Banks, Savings & Loans, Credit Unions, Employers, Social Security Administration, Veterans Administration, State Department of Labor and Industry, Internal Revenue Service, State Department of Revenue, State Compensation Insurance Fund, Unemployment Compensation Division, County Clerk & Recorder, Bureau of Indian Affairs, Utility Suppliers and Vendors, Other Social Services Providers, Landlord, Child Support Enforcement Division, Offices of Public Assistance, and other sources which may be deemed necessary.

INFORMATION TO BE RELEASED OR DISCLOSED: Banking information, Certificates of Deposit, Stocks & Bonds, Safety Deposit Boxes (to be opened only in the presence of the client or his agent and representatives of the financial institution), Gross Earnings, Social Security Payments, VA Benefits, Personal and Business Income, Workers Compensation, Unemployment Compensation, Family Composition, Size of Home, Per Capita Payments, Lease Payments, Indian Income Maintenance (IIM) Accounts, Amount of Fuel Assistance received from agencies, Utility Account Information: including, but not limited to, Utility Account and Billing Information, Child Support Payments, Benefit Information.

I understand this HRDC, Energy Share, Montana Department of Public Health and Human Services, and the local Energy Share Committee may have access to this information. I agree to hold this HRDC, Energy Share, and the local Energy Share Committee harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees, as a result of a denial of my application in whole or in part. I understand failure to complete all spaces on this form and to provide any additional information requested on the attached pages may delay my application and/or result in denial. I understand by signing below that I authorize this HRDC to enter the information on this application in the Central Database System. Only this HRDC, Energy Share and the Montana Department of Public Health and Human Services, access this information.

This release of information is in effect for one year after the date below.
I certify the information provided herein is true, complete and correct to the best of my knowledge.
I understand that the decision of this Local Committee is final and may not be appealed to the State Board of Directors.

SIGNATURE _____ Date _____ SIGNATURE _____ Date _____
SIGNATURE _____ Date _____ SIGNATURE _____ Date _____

EVERYONE 16 YRS AND OLDER MUST SIGN THIS APPLICATION.

FOR OFFICE USE ONLY

PROGRAM	INCOME	% OF POV	EXPEND DATE	ASST TYPE	EMERGENCY	VENDOR
Bill Assistance	\$ _____	_____	_____	FF	Income Reduction	Name: _____
Refrigerator/Water Heater				Deposit	Roommate/Tenant Issues	Acct #: _____
Other	FREQUENCY:	AWARD TYPE	EXPEND AMT	USB	Illness/Injury	Fuel Type: _____
	Annually	Grant	_____	Other	Family Death	App. Date: _____
STATUS	Bi-weekly	Loan		PRIOR ES: _____	Moving Expenses	
Approved	Daily	Match Grant		_____	Furnace Problems	CDS Entry Date: _____
Denied	Semi-Monthly	Match Loan		_____	Insufficient Income	
	Monthly	Match Details:		_____	Unexoected Expense	
	Quarterly	_____			Garnishments	
	Semi-Annually	_____			Divorce/Separation	
		_____			Other: _____	
				Signature/Sign-off: _____		
				USB Over-Inc. Justification: _____		
NOTES: _____						

ES checklist	reviewed
Chimes	history sheet
NWE history	vendor contact
NWE call	CDS - ES tab
CDS - income	balance sprdsht
CDS - ES tab	call client
DOLI-wages	client letter
DOLI UI	
spreadsheet	MATCH: CDS
history sheet	History Sheet
envelope	Vendor Contact
app pg 3	Balance sheet