



DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES

STATE OF MONTANA

Low Income Energy Assistance Program (LIEAP) and Weatherization Application

To apply for the LIEAP program, this application must be completed and returned to your local LIEAP office by **April 30, 2020**. LIEAP heat assistance applications will NOT be accepted after April 30, 2020. However, you can apply for Weatherization all year. LIEAP and Weatherization benefits are only for the dwelling you live in at the time of application. If you move any time after applying, please contact your LIEAP/ Weatherization office.

Complete each section of the LIEAP/Weatherization application. You must also provide verification of all identities, incomes, resources, heat bill and electric bill. (see table at right).

Your LIEAP/Weatherization application cannot be processed without this verification.

LIEAP/Weatherization eligibility will be determined based upon the circumstances at the time of application.

If you or a household member is over the age of 60, or a person with a disability, call 1-800-551-3191 for help filling out this application.

Application submitted in month of:	Provide income verification for the months of:
August 2019	February 2019 through July 2019
September 2019	March 2019 through August 2019
October 2019	April 2019 through September 2019
November 2019	May 2019 through October 2019
December 2019	June 2019 through November 2019
January 2020	July 2019 through December 2019
February 2020	August 2019 through January 2020
March 2020	September 2019 through February 2020
April 2020	October 2019 through March 2020

Note: All adult household members who live on a reservation (other than the Crow Reservation), and who are Native American, enrolled tribal members or direct descendants should contact their Tribal LIHEAP office for assistance. Native American household members who live on the Crow reservation should contact District VII Human Resource Development Council (Billings) for assistance.

Send completed LIEAP/Weatherization applications and all required documentation to your local LIEAP/Weatherization office.

Failure to provide all requested information and verifications will delay the eligibility determination and may result in application denial.

The last page of this application lists the addresses for each local LIEAP office.

APPLICANT RIGHTS

- To inquire and be informed about benefits, conditions of eligibility, scope of the program and related services available, and regular and emergency benefits.
- To be determined eligible or ineligible based upon the information and corresponding documentation provided with the completed application.
- To receive timely written notice of denial, reduction, or termination of assistance.
- To be informed of the Fair Hearing process.
- To have a confidential relationship.
- To have your Civil Rights protected. This is an equal opportunity program. Discrimination is prohibited.

Fair Hearing Rights:

If the completed application has not been acted on in a timely manner or if you disagree with any adverse action taken on your case you may request a fair hearing. A fair hearing request may be filed with your local Low Income Energy Assistance/Weatherization Eligibility Office or the Office of Fair Hearings. The Office of Fair Hearings address is:

Office of Fair Hearings - Box 202953 - Helena, Montana 59620-2953

Use the codes below to complete **Section 1 - Households Members** section on the next page.

<u>Relationship:</u>	<u>Race Status:</u>	<u>Work Status:</u>	<u>Health Insurance Status:</u>
SP/SO - Spouse/Significant Other	(Multiple Selections Allowed)	FT - Full-Time	MA - Medicaid
CH - Child	1 - White	PT- Part-Time	MC - Medicare
GC - Grandchild	2 - Black/African American	SW – Seasonal Worker	PV – Private (Direct Purchase)
FC - Foster Child	3 - American Indian/Alaska Native	US – Unemployed, short-term, 6 months or less	CH - Healthy Montana Kids
PA - Parent	4 - Asian	UL – Unemployed (Long-Term, more than 6 months)	HA – State Health Ins for Adults
SB - Sister/Brother	5 - Native Hawaiian/Pacific Islander	NE - Not Employed (Not in Labor Force)	VA - Veterans Administration
AU - Aunt/Uncle	<u>Highest Grade Completed:</u>	R - Retired/Not Working	EB – Employment Based
NN - Niece/Nephew	0 – 11 - Grades	NA – Not Applicable	OT - Other
CO - Cousin	GED - GED-Completed	<u>Military Status</u>	NN - None / Unknown
EX - Ex-Spouse	HS - High School Diploma	V – Veteran	SNAP: Yes or No
NR - Not Related	12+ - Grade 12 + some Post-Secondary	AM – Active Military	<i>NOTE: Entries for gender, Hispanic, and race are not required.</i>
OR - Other-Related	AS – 2 Year College Graduate	NA – Not Applicable	
<u>Hispanic Status, US Citizen, Tribal Member, Disabled:</u> Yes or No	VT – Vo-Tech Graduate		
	BA – 4 year College Graduate		
	MS – Graduate other post-secondary sch		

Provide all requested information for all persons living in the house regardless of relationship whether or not you consider them a household member.

Section 1 HOUSEHOLD MEMBERS

List everyone who lives in the home. Attach another sheet for additional household member information if needed.

How many people live in this residence? _____ List everyone below	Alias or Maiden Name (Other Names Used)	Relationship to Head of Household	Social Security Number (SSN)	Birth Date MM/DD/YY	Age	Gender	Hispanic	Race	U.S. citizen	Tribal Member	Military Status	Disabled	Health Insurance	Highest grade Completed	Work status	Registered Alien	SNAP
01	Last Name, First Name, MI	SELF															
02																	
03																	
04																	
05																	
06																	
07																	
08																	

COLLEGE STATUS *(provide copies of all financial aid award letters)*

Has any member of the household been enrolled at least half-time in a college or university in the last 6 months? Yes No

If yes, which household members? _____

If yes, include a copy of all financial aid received. Which quarters or semesters did they attend? _____

If yes, was that person claimed last year as a dependent for Federal income tax purposes by someone in another household? Yes No

TRIBAL STATUS *(see page 1 regarding Native American LIEAP applicants)*

List each Tribal Member/Direct Descendant's tribal affiliation(s): _____

Note: All adult household members who live on a reservation (other than the Crow Reservation), and who are Native American, enrolled tribal members or direct descendants should contact their Tribal LIEAP office for assistance. Native American household members who live on the Crow Reservation should contact District VII Human Resource Development Council (Billings) for assistance.

VETERAN STATUS

Do any Veteran household members receive VA compensation? Yes No If yes, provide a copy of VA award letter.

WEATHERIZATION

Do any household members have health conditions to take into consideration for weatherization of the residence? Yes No

If yes, which household members? _____

If yes, list conditions. If you need additional space, include a separate piece of paper. _____

CHILD STATUS *(Provide Child Support case #s and verification)*

Does each child listed on the application live in this home more than 50% of the time? Yes No

Is there an active Child Support order for any of the children listed on the application? Yes No If yes, from what state? _____

Has a household member received support (even if not ordered) in the past 6 months for any child listed on the application? Yes No

For any yes answers, specify which child(ren) _____

If all members of your household receive SNAP benefits, you may be exempt from providing some of the documentation requested. Contact your local office for more information.

Section 2 HOUSEHOLD ADDRESS INFORMATION

This application is for LIEAP Benefits/Weatherization for the dwelling resided in at the time of application. If you move before approval, you must reapply.
Physical Address: where you are currently living: (utility/fuel service address):

City _____ County _____ MT Zip Code _____

Mailing Address or PO Box: (if different from residence):

City _____ State _____ Zip Code _____

What date did you move to this address? _____ If after 10/1/2019, did you move here from out of state? Yes No
 Were you responsible for heating costs at your prior location? Yes No
 Is this property located within the boundaries of a Native American reservation? Yes No

Home Phone: _____ Message Phone: _____ Cell Phone: _____ Other Phone (Specify) _____

Section 3 HOUSING TYPE INFORMATION

<p>Housing type: (check one)</p> <input type="checkbox"/> Mobile Home <input type="checkbox"/> Double-Wide Mobile Home <input type="checkbox"/> House – Modular (Single Family) <input type="checkbox"/> Apartment or Duplex, etc. * <input type="checkbox"/> Non-Traditional Housing (Camper or RV)	<p>Number of bedrooms: (check one)</p> <input type="checkbox"/> One <input type="checkbox"/> Four <input type="checkbox"/> Two <input type="checkbox"/> Five <input type="checkbox"/> Three <input type="checkbox"/> Six	<p>Rent or Own Home:</p> <input type="checkbox"/> Own Home <input type="checkbox"/> Rent Home Year Home was built? _____	<p>Rent Mobile Lot:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
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(*If apartment, number of units in building: _____)

If you rent, provide name, address, and telephone number of your landlord:

Landlord Name _____ (_____) Phone Number _____

Address _____ City/State/Zip _____
 Does your rent include heating costs? Yes No Do you receive governmental rent assistance? Yes No

Section 4 HOME ENERGY INFORMATION

Main Home Energy Service (Mark One)

Natural Gas
 Electric
 Propane
 Fuel Oil
 Wood
 Coal

_____ **Main Vendor** _____
 _____ **Account Number** _____

Other Heat Service (Mark all that apply)

Natural Gas
 Electric
 Propane
 Fuel Oil
 Wood
 Coal

_____ **Additional Vendor** _____
 _____ **Account Number** _____

Electricity Provider _____
 (If not identified above) _____ Electric Provider

_____ None Off-Grid
 _____ Account Number

If your heat or electric bill is not in a household member's name, who's name is on the bill? _____
 In the past year has your household applied for or received assistance with heat/utility costs from another agency? Yes No
 If yes, please specify where, when and provide verification of the assistance amount: _____

A copy of your most recent HEAT & ELECTRIC bill(S) showing NAME, current ADDRESS and ACCOUNT NUMBER(S) must be attached. If your main heat source is oil or propane and you do not have a bill; obtain a letter of service from your supplier. If your main heat is wood or if your main heat is included in your rental payment or is not in your name; contact your local office as you may need an additional form.

- Do you have Central Air Conditioning? Yes No
- Do you have Window/Wall Air Conditioning (including evaporative cooler) Yes No
- Has your household received a utility(energy) past due notice in the last 30 days? Yes No
- Is your utility (energy) service currently disconnected? Yes No
- Do you have less than 10% Deliverable Fuel (oil/propane/coal/wood) on hand? Yes No
- Are you completely out of Deliverable Fuel (oil/propane/coal/wood)? Yes No

If your furnace or main heat is not working properly, describe: _____

(Other help or assistance may be available)