

Physical Address	Mailing Address	City, State	Zip

[illegible]

[] DOWN [] RENT Monthly Pmt: \$ _____ Rent subsidized: Y / N HOUSING TYPE: [] House [] Double-wide mobile [] Single-wide mobile [] Multi-family

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

[illegible]

Please circle your answers:

Have you received LEAP/Tribal assistance? Y / N

Have you received Energy Share before? Y / N When? _____

Have you received i2? Y / N

Heating fuel type: Natural Gas / Electric / Propane / Fuel Oil / Wood / Coal

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

Has your home been weatherized? Y / N / Don't Know

Type of Emergency:	Income reduction	Illness/injury	Roommate issues	Need Deposit	LIAP exhausted	LIAP-over income	Family Death
Furnace not working	Moving Expense	Divorce/separation	Insufficient income	Garnishments	Unexpected Expense	Other	

Full amount of Energy Share assistance needed: \$ _____

For Utility Vendor _____

Will you repay? Y / N (Does not affect committee decision)

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

Medical bills outstanding total \$ _____

Monthly Household Income (verification required): _____

Wages/Salary \$ _____ Self-employment/Odd Jobs: \$ _____ Retirement: \$ _____ SS/SSI \$ _____
TANF: \$ _____ Child Support \$ _____ CS case # _____ Food Stamps: \$ _____ Other: _____

Have you made any contact with the vendor

regarding the past due bill? Yes / No

Are you in a payment arrangement: Y / N

Terms:

⋮

Agency. I will send the payments to:

PO Box 5959 Helena, MT 59604

es that prevented you from paying your utility bill:

or situation to keep from having another energy crisis:

Monthly Expense:	Monthly Amt Owed	"X" if paid last month:
Rent/Lot Rent	\$	
Mortgage	\$	
Primary Heat	\$	
Electric	\$	
Water/Sewer/Garbage	\$	
Monthly Property Taxes	\$	
Internet	\$	
Cable	\$	
Food (not SNAP)	\$	
Child Care	\$	
Child Support	\$	
Car Payment	\$	
Transportation (Gas, bus, taxi)	\$	
Auto Insurance	\$	
Health Insurance	\$	
Garnishments	\$	
Fines/ Penalties	\$	
Credit Cards	\$	
Loans	\$	
Doctor/Dentist Co-pays	\$	
Prescriptions (Out of Pocket)	\$	
Phones (Home/ Cell)	\$	
Other: _____	\$	
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: Savings, 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 understand that the decision of the Local Committee is final and may not be appealed to the State Board of Directors. 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, the Montana Department of Public Health and Human Services, and Energy Share 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.

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

EVERYONE 16 YRS AND OLDER MUST SIGN THIS APPLICATION.

ENERGY SHARE GUIDELINES FOR INSIDE HEAT SEASON

Energy Share is not an “extra benefit”, but is for emergencies beyond your control. You are expected to have been making a good faith effort to pay your bill, no matter the situation. This applies to old bills and deposits as well as currently active accounts. Failure to pay your fuel bill is not an “emergency.”

Documentation needed for Energy Share when LIHEAP is available:

- Complete the LIHEAP application in its entirety and include proper LIHEAP documentation requested below
 - Proof of all types of income for past month including paystubs, Social Security Benefit letter, child support, unemployment, etc. NOTE: If all household members are on SNAP in the month the LIHEAP app is received, no income or bank info is needed
 - A recent complete bank statement from each household member that shows all accounts
 - Names, SS#, and DOB for each household member
 - One recent heat or electric bill
 - Copy of heat/ electric disconnect notice
 - A complete and detailed explanation of the unavoidable circumstances leading up to the heat emergency.
 - *Don't forget to have everyone 16 years and older sign the application!*
 - **All paperwork must be in by the prior Thursday at 4:00 for your app to be reviewed the following Wednesday.**

Documentation needed for Energy Share when LIHEAP is not available:

- Proof of all types of income **for past one to three months** including paystubs, Social Security Benefit letter, child support, unemployment, etc.
- A recent bank statement from each household member that shows all accounts, all pages
- Names, SS#, and DOB for each household member
- One recent heat or electric bill
- Copy of heat/ electric disconnect notice
- A complete and detailed explanation of the unavoidable circumstances leading up to the heat emergency.
- *Don't forget to have everyone 16 years and older sign the application!*
- **All paperwork must be in by 2:00 pm Tuesday for your app to be reviewed Wednesday.**

Energy Share benefits can be denied for:

- Poor payment history
- Failure to provide all required documentation for review
- Adequate income / resources to have paid the bill
- Prior use of the program in the previous four years, and up to \$1,400 max
- Use of the program in the past twelve months
- Lack of extenuating circumstances as described above
- Failure to exhaust all resources and take all actions possible to prevent the emergency.
- Energy Share help will not be enough to prevent eventual shutoff.
- No foreseeable correction of circumstances to ensure service will be kept current and connected.
- Other situations as determined by the committee