



PO Box 369 • Ekalaka, MT 59324 • (406)775-8762 • (888)485-8762  
FAX: (406)775-8763 • EMAIL: info@seecoop.com

**NAME & ADDRESS:** \_\_\_\_\_ **HOME PH:** \_\_\_\_\_  
\_\_\_\_\_ **CELL PH:** \_\_\_\_\_

**TYPE OF HOME:** ☐ Apartment ☐ Mobile Home ☐ Single Family Home

**STATUS:** ☐ Own ☐ Rent: Landlord's Name \_\_\_\_\_

**How long have you lived at this address?** \_\_\_\_\_

**Heating fuel type:** ☐ Electric ☐ Natural Gas ☐ Propane ☐ Wood ☐ Other

**Type of Water Heater:** ☐ Electric ☐ Natural Gas ☐ Propane ☐ Other \_\_\_\_\_

**Do you receive LIEAP Assistance?** ☐ Yes ☐ No ☐ Amount \$ \_\_\_\_\_

| NAME<br><i>List Applicant and other members<br/>of the household</i> | AGE | RELATIONSHIP<br><i>i.e. self, husband, aunt,<br/>mother, child, etc.</i> | SOURCE OF INCOME | GROSS AMOUNT<br>PER MONTH   |
|--|-----|--|------------------|-----------------------------|
| 1  |     |  |                  |                             |
| 2  |     |  |                  |                             |
| 3  |     |  |                  |                             |
| 4  |     |  |                  |                             |
| 5  |     |  |                  |                             |
| 6  |     |  |                  |                             |
| <i>Use second page if necessary</i>                                  |     |  |                  | <b>TOTAL MONTHLY INCOME</b> |

Please provide proof of income for the last three months: i.e. paycheck stubs, bank statements, tax returns, etc.

I agree to release to Southeast Cooperative, Inc. or its agents any records needed to verify my status.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Do not write below this line - office use only.*

**Account Number:** \_\_\_\_\_

Date Received: \_\_\_\_\_

Application Approved ☐ Yes ☐ No

Date Notified: \_\_\_\_\_

Amount Approved: ☐ \$ \_\_\_\_\_

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Office Signature*

\_\_\_\_\_  
*Date*