

ENERGY SHARE OF MONTANA APPLICATION

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

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

[] OWN [] RENT Mo 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)

Last Name, First Name, Initial	Alias	Soc Sec #	Relation ship to Head of HH	Birthdate			A G E	G E N D E R	H I S P A N I C /	R A C E	V E T E R A N	D I S A B L E	T R I B A L M	Type Of Health Insur.	In Literacy Training Y/N	In School Y/N	Highest Grade C O M P L E T E D	E M P L O Y S T A T E
				Month	Day	Year												
			HEAD															

Please circle your answers:

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 Need Deposit LIEAP exhausted LIEAP-over income Family Death
Furnace not working Moving Expense Divorce/separation Insufficient income Garnishments Unexpected Expense Other

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

Medical bills outstanding total \$ _____

Full amount of assistance needed: \$ _____
For (Vendor) _____ Will you repay? Y / N (does not affect decision)

Monthly Household Income (verification required):

Wages/Salary \$ _____ Self-employment/Odd Jobs: \$ _____ Retirement: \$ _____ SS/SSI \$ _____

TANF: \$ _____ Child Support \$ _____ CS case # _____ Food Stamps: \$ _____ Other: _____

Assets: (verification required)

Checking: \$ _____

Savings: \$ _____

Cash on hand: \$ _____

Have you made any contact with the vendor regarding the past due bill? Yes / No

Are you in a payment arrangement: Y / N

Terms: _____

Repayment Agreement:

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:

Please briefly explain how you plan to improve your situation to keep you 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	\$	
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: 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.

**OFFICE USE
ONLY**

PROGRAM:	ANNUAL Gross Income	% of Pov	APP DATE	EMERGENCY	
Bill Assistance	\$ _____	_____	_____	Income Reduction	Illness/Injury
Refrigerator	Monthly gross \$ _____			Insufficient Income	Need Deposit
Other _____	Monthly net \$ _____			LIEAP Exhausted	Moving Expense
			ES AVAILABLE: \$ _____	Furnace not working	Family Death
Award Type; Amt. Requested:			ES used: \$ _____ Date _____	Roommate Issues	Divorce/Separation
NWE-USB -Grant _____			ES used: \$ _____ Date _____	Unexpected Expenses	Garnishments
Fuel Fund - Loan _____			ES used: \$ _____ Date _____	LIEAP – Over Income	Other _____
Fuel Fund Deposit _____					
Match Loan/Grant _____					
				VENDOR: _____	Fuel type: _____ Acct#: _____

Last LIEAP
 \$ _____
 ___/___/___

 HH _____
 CH _____

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

Approved / Denied

Committee notes:

Date of review _____ Match if required \$ _____ Due: _____

Expend amt \$ _____ Fund _____ Expend amt \$ _____ Fund _____

VOTE: _____ INITIALS: _____

ENERGY SHARE GUIDELINES FOR OUTSIDE HEAT SEASON (5/1 – 9/30)

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 LIEAP 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
- A complete and detailed explanation of the unavoidable circumstances leading up to the heat emergency.
- *Don't forget to have everyone 16 yrs and older sign the application!*
- **All paperwork must be in by the prior Thursday at 1:00 for your app to be reviewed the following Monday.**

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 ten years, and up to \$700 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