

ENERGY SHARE OF MONTANA APPLICATION

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

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

[] OWN [] RENT Monthly Pmy: \$ _____ 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 Month Day Year	A G E	G E N D E R	H I S P A N I C /	V E T E R A N	D I S A B L E	T R I B A L	Type Of Health Insur.	In Liter acy Train ing Y/N	In School Y/N	Highe st Grade C O M P L E T E D	Empl oy ment Status
			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.) \$ _____ Full amount of assistance needed: \$ _____

Medical bills outstanding total \$ _____ 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 (voluntary):

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:	Income \$ _____	% of Pov _____	EMERGENCY	Last name: _____
Bill Assistance	Frequency: _____		Income Reduction	Illness/Injury
Other _____			Insufficient Income	Need Deposit
			LIEAP Exhausted	Moving Expense
			Furnace not working	Family Death
			Roommate Issues	Divorce/Separation
			Unexpected Expenses	Garnishments
			LIEAP – Over Income	Other _____
				App Date: _____
				CDS Entry Date: _____
Amt. Requested: _____		ES AVAILABLE: \$ _____		
Approved Denied		ES used: \$ _____ Date _____		
Award type:		ES used: \$ _____ Date _____		
<input type="checkbox"/> Grant		ES used: \$ _____ Date _____		
<input type="checkbox"/> Loan				
<input type="checkbox"/> Fuel Fund Deposit				
<input type="checkbox"/> Match/ Loan				
<input type="checkbox"/> Match/Grant				
			VENDOR: _____	
			Fuel type: _____	
			Acct#: _____	

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

Committee notes:

Match if required \$ _____ Due: _____

Expend amt \$ _____ Fund _____

INITIALS: _____

USB Over-Income: _____

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 LIEAP is available:

- Complete the LIEAP application in its entirety
- Proof of all types of income **for past twelve months** including paystubs, Social Security Benefit letter, child support, unemployment, etc. NOTE: If all household members are on SNAP in the month the LIEAP app is rec'd, no income or bank info is needed
- A recent bank statement from each household member that shows all accounts, all pages
- Names, SS#, and DOB for each household member (photo ID & SS card)
- 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 4:00 for your app to be reviewed the following Monday.**

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 Tuesday at 2:00 pm 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 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