

ENERGY SHARE OF MONTANA APPLICATION

For Office Use – Case # _____

Energy Share is for home energy emergencies such as having a disconnect notice, being low on propane or oil, etc.

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

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

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

HOUSEHOLD MEMBER INFORMATION (everyone residing in the dwelling as of the application date) # Of Bedrooms _____

Last Name First Name MI	Alias (Other Names Used)	Social Security Number (SSN)	Relationship to Head of Household	Birth Date		A G E	G E N D E R	H I S P A N I C Y	R A C E	V E T E R A N Y/N	D I S A B L E Y/N	T R I B A L MEM. Y/N	Type of Health Insurance	Currently in School Yes/No	Highest Grade Completed	Employment Status
				M	D											
01			HEAD													
02																
03																
04																
05																
06																
07																

Have you received LIHEAP/Tribal assistance? Y / N **Have you received Energy Share before?** Y / N **When?** _____ **Has your home been weatherized?** Y / N / Don't Know

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?** _____

Type of Emergency: Divorce/Separation Family Death Furnace Not Working Properly Garnishments Illness/Injury Insufficient Income
 LIHEAP not yet approved Moving Expense Roommate/Tenant Issues
 Unemployment/Wages Cut Unexpected Expense Other: _____

Medical Expenses paid in past 3 months (Rx, co-pays, etc.) \$ _____

Medical bills outstanding total \$ _____

Monthly Household Income (verification required):

Wages/Salary \$ _____ Self-employment/Odd Jobs: \$ _____ Retirement/Pension: \$ _____ TANF: \$ _____
 SS/SSI/SSDI \$ _____ Child Support \$ _____ CS case # _____ Food Stamps: \$ _____ Loans: \$ _____
 Tribal Income: \$ _____ Family Support/Gifts: \$ _____ Other: _____

APPLICANT MUST COMPLETE THIS INFORMATION:

Full amount of assistance requested: \$ _____
 Energy Provider _____
 Utility Account Number _____

PROVIDE COPY OF BILL AND/OR DISCONNECT NOTICE

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: Banking information, 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 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 Client Database. Only this HRDC, Energy Share and the Montana Department of Public Health and Human Services, access this information.

I understand that HRDC may be able to link me to other services based on my circumstances. I authorize HRDC to be provided information and/or documents for the purposes of eligibility determination, coordination of services, and supportive services.

This release of information is in effect for 18 months from last service received, or revoked by the client. Client must revoke this release in writing.

I certify the information provided herein is true, complete and correct to the best of my knowledge.

I understand that the decision of this Local Committee is final and may not be appealed to the State Board of Directors.

SIGNATURE _____ **Date** _____ **SIGNATURE** _____ **Date** _____

SIGNATURE _____ **Date** _____ **SIGNATURE** _____ **Date** _____

EVERYONE 18 YRS AND OLDER MUST SIGN THIS APPLICATION.

FOR OFFICE USE ONLY

PROGRAM Bill Assistance
 Supplemental Wx
 ARBR
 Other

INCOME \$ _____

% OF POV _____

EXPEND DATE _____

ASST TYPE FF
 Deposit
 USB
 Other

AWARD TYPE Grant
 Matching Grant
 Match Details: _____

EXPEND AMT _____

STATUS Approved
 Denied

FREQUENCY: Annually
 Bi-weekly
 Daily
 Semi-Monthly
 Monthly
 Quarterly
 Semi-Annually

PRIOR ES: _____

LIHEAP Application Date: _____
 Approved Date: _____
 or Denied Date: _____
 N/A - Out of Season

EMERGENCY Divorce/Separation
 Family Death
 Furnace Not Working Properly
 Garnishments
 Illness/Injury
 Insufficient Income
 LIHEAP not yet approved
 Moving Expense
 Roommate/Tenant Issues
 Unemployment/Wages Cut
 Unexpected Expense
 Other: _____

VENDOR #1 Name: _____
 Acct #: _____
 Fuel Type: _____

VENDOR #2 Name: _____
 Acct #: _____
 Fuel Type: _____

REPAYMENT TOTAL: \$ _____

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

Signature/Sign-off: _____

App Date: _____

CHIMES Entry Date: _____

USB Over-Inc. Justification: _____

NOTES: _____