



## Energy Share of Montana

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1-800-227-0703 ext 125

Energy Share is committee based. We **CAN NOT** guarantee your application will be approved, there is a possibility the application will be denied.

Applicants names are kept confidential. The committee takes income, household members, expenses, and circumstances into consideration when discussing applications. We also look at previous Energy Share funds you have received, and if loans have been repaid.

If applying for Energy Share from October- April, you will be required to apply for LIEAP as well. You can submit both applications at the same time. All household members 16 and older must sign both applications.

Applications can be sent via:

Mail- Action for Eastern MT, Attn: ES  
PO Box 1309  
Glendive MT 59330

Fax- (406) 377-3571

Dropped off- Action for Eastern MT  
2030 N Merrill  
Glendive MT 59330

## 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			A G E	G E N D E R	H I S P A N I C Y / N	R A C E	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 Literacy Training Y/N	In School Y/N	Highe st Grade C O M P L E T E D	Employ ment Status
				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.) \$ \_\_\_\_\_      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: \_\_\_\_\_



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

<b>PROGRAM:</b>	Income \$ _____	% of Pov _____	<b>EMERGENCY</b>	
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 _____
<b>Amt. Requested:</b> _____ <b>Approved</b> <b>Denied</b> <b>Award type:</b> <input type="checkbox"/> Grant <input type="checkbox"/> Loan <input type="checkbox"/> Fuel Fund Deposit <input type="checkbox"/> Match/ Loan <input type="checkbox"/> Match/Grant			ES AVAILABLE: \$ _____ ES used: \$ _____ Date _____ ES used: \$ _____ Date _____ ES used: \$ _____ Date _____	
			<b>VENDOR:</b> _____ Fuel type: _____ Acct#: _____	
				Last name: _____ HH _____ App Date: _____ CDS Entry Date: _____

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:

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Match if required \$ \_\_\_\_\_ Due: \_\_\_\_\_

Expend amt \$ \_\_\_\_\_ Fund \_\_\_\_\_

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**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