

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.

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

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

Email: _____ [] OWN [] 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			AGE	GENDER	HISPANIC Y/N	RACE	VETERAN Y/N	DISABLED Y/N	TRIBAL MEM. Y/N	Type of Health Insurance	Currently in Literacy Training Yes/No	Currently in School Yes/No	Highest Grade Completed	Employment Status		
						M	D	Y														
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? _____

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 Family Death Furnace not working Moving Expense Divorce/separation

Insufficient income Garnishments Unexpected Expense Other _____

Full amount of assistance requested: \$ _____

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

Energy Provider _____

Medical bills outstanding total \$ _____

PROVIDE COPY OF BILL AND/OR DISCONNECT NOTICE

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: _____

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: _____

Account Number _____

Please explain if there are any adult household members who don't have a source of income, explain their means of survival and what efforts they're making to obtain an income (use additional pages as necessary): _____

Please **describe in detail your specific, recent circumstances** that prevented you from paying your utility bill (use additional pages as necessary): _____

Please briefly explain what action you will take to improve your situation to keep you from having another energy crisis (use additional pages as necessary): _____

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: 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	INCOME	% OF POV	EXPEND DATE	ASST TYPE
Bill Assistance	\$ _____	_____	_____	FF
Supplemental Wx				Deposit
ARBR	FREQUENCY:	AWARD TYPE	EXPEND AMT	USB _____
Other	Annually	Grant	_____	Other _____
	Bi-weekly	Matching Grant		
STATUS	Daily	Match Details:		PRIOR ES: _____
Approved	Semi-Monthly	_____		_____
Denied	Monthly	_____		_____
	Quarterly			
LIHEAP	Semi-Annually			REPAYMENT TOTAL:

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

EMERGENCY

Income Reduction
 Roommate/Tenant Issues
 Illness/Injury
 Family Death
 Moving Expenses
 Furnace Problems
 Insufficient Income
 Unexpected Expense
 Garnishments
 Divorce/Separation
 Other: _____

VENDOR #1

Name: _____
 Acct #: _____
 Fuel Type: _____

VENDOR #2

Name: _____
 Acct #: _____
 Fuel Type: _____

App Date: _____
 CHIMES Entry Date: _____

Signature/Sign-off: _____

USB Over-Inc. Justification: _____

NOTES: _____

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