

ENERGY SHARE OF MONTANA

APPLICATION REQUIREMENTS:

1. **October 1 – April 30, you must also apply for LIEAP** (Low Income Energy Assistance Program)
2. **LIEAP and Energy Share applications must be 100% complete. Missing information on either application will result in delay and/or denial of your request.**
3. **Have at least one of the following crisis situations:**
 - ✓ **Past due or disconnect notice for your electricity/natural gas.** Provide the vendor's notice with your application.
 - If the account isn't in a household member's name: Explain why and provide a statement from the vendor with amount required to establish an account in a household member's name.
 - If there's more than one meter on the bill or a debt transferred from another location: Explain why and how much of the bill is your responsibility.
 - ✓ **Less than 2 weeks credit on your Flex/Pre-pay electricity meter.** Provide a vendor statement showing your remaining balance.
 - ✓ **Deposit needed for electricity/natural gas and/or to pay a prior debt.** Provide a vendor statement showing amount required.
 - ✓ **Less than 20% Propane or 10" Heating Oil.** Note the amount remaining in your tank and provide a "letter of service" from vendor.
 - ✓ **Less than 1/2 cord of wood or 5 bags of pellets.** Must have a vendor willing to complete a Vendor Contract and W9.

Energy Share is funded by USB Charges, donations by utility companies and private citizens, and repayments by recipients. Repayments will go back in to the fund to help others in need.

We ask that you repay the assistance as you are able.

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| Meetings are on the 1st & 3rd Wed. each month. Application deadline is Tues. at 5pm. | Community Action Partnership of NW MT (CAPNM) 214 Main Street, Kalispell, MT 59901 Phone: 406-758-5433 or 800-344-5979 Fax: 1-406-206-0199 E-Mail: lieap@capnwmt.org Website: www.capnm.net |
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Energy Share of Montana Application Form

Physical Address: _____ Mailing Address: _____ City: _____ Zip: _____

County: _____ Home Phone: _____ Message Phone: _____ Contact's Name: _____

HOUSING Type: House/Dbf Wide Apartment/Duplex Single Wide Mobile Other _____

Monthly Household Income: (verification of income is required) Wages/Salary \$ _____ TANF \$ _____ SS/SSI \$ _____ Child Support \$ _____

U.I. \$ _____ Food Stamps \$ _____ MT Child Support Case # _____ Other (please list source and amount) _____

HOUSEHOLD MEMBER INFORMATION

| Last Name | First Name | MI | Alias (Other Names Used) | Social Security Number (SSN) | Relationship to Head of Household | Birth Date | | | A G E | H I S P A N I C R A C E Y/N | V E T E R A N Y/N | D I S A B L E D Y/N | T R I B A L M E M. 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 | | | | | | | | | | | | | | | | | | | |
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| 07 | | | | | | | | | | | | | | | | | | | |

PLEASE CIRCLE YOUR ANSWERS:

Do you: Own Rent **RENT/PAYMENT:** \$ _____ **RECEIVE SUBSIDY?** Yes \$ _____ No **Received LIEAP/Tribal Assistance:** Yes \$ _____ No

Heating Fuel: Natural Gas Electric Propane Fuel Oil Wood Other: _____ **Home Been Weatherized?** Yes No Don't know

Received Energy Share before? Yes No **When?** _____ **Have you repaid it?** Yes No **Assets (Cash, Checking, Savings etc) \$** _____

Medical Expenses paid this year: \$ _____ **Applied elsewhere?** Yes No **Where?** _____

EMERGENCY: Unemployment/wage reduction Illness/injury Family Death Moving Expense Furnace not working properly Insufficient income

Unexpected expense Garnishments Divorce/separation Roommate/tenant issues Need deposit LIEAP not yet approved LIEAP over-income

LIEAP assistance is exhausted Other (describe): _____

Amount Needed: \$ _____ **For (vendor)** _____ **Will you repay?** Yes No \$ _____/month

(a copy of the bill you want help with is required)

For any responses on this page, attach additional pages if necessary

List and verify all income for all household members for the last 3 months.

| Month | Sources and amounts of gross income for each household member |
|-------|---|
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Describe the circumstances that led up to your need for Energy Share crisis assistance.

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 source.

Briefly explain what action you're taking to improve your situation and prevent 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: 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 Central Database System. Only this HRDC, Energy Share and the Montana Department of Public Health and Human Services, 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.

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 16 YRS AND OLDER MUST SIGN THIS APPLICATION.

FOR OFFICE USE ONLY

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|---------------------------|-------------------|-------------------|--------------------|------------------------|------------------------|-----------------------|
| PROGRAM | INCOME | % OF POV | EXPEND DATE | ASST TYPE | EMERGENCY | VENDOR |
| Bill Assistance | \$ _____ | _____ | _____ | FF | Income Reduction | Name: _____ |
| Refrigerator/Water Heater | | | | Deposit | Roommate/Tenant Issues | Acct#: _____ |
| Other | FREQUENCY: | AWARD TYPE | EXPEND AMT | USB _____ | Illness/Injury | Fuel Type: _____ |
| | Annually | Grant | _____ | Other _____ | Family Death | App. Date: _____ |
| STATUS | Bi-weekly | Loan | | PRIOR ES: _____ | Moving Expenses | CDS Entry Date: _____ |
| Approved | Daily | Match Grant | | _____ | Furnace Problems | |
| Denied | Semi-Monthly | Match Loan | | _____ | Insufficient Income | |
| | Monthly | Match Details: | | _____ | Unexpected Expense | |
| | Quarterly | _____ | | _____ | Garnishments | |
| | Semi-Annually | _____ | | _____ | Divorce/Separation | |
| | | | | | Other: _____ | |

Signature/Sign-off: _____

USB Over-Inc. Justification: _____

NOTES: _____

| 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 |