



fax

## Energy Share of Montana

### Action for Eastern Montana

1(800)227-0703 or 377-3564 PO Box 1309 Glendive, MT 59330

Energy Share (ES) is a non-interest loan program funded through private donations. A local committee reviews each application to determine how ES can best help your situation. Due to limited funding, ES can only help once in your lifetime (up to the maximum amount) unless the loan has been repaid. (Loans can be repaid with reasonable monthly payments.)

### The following is required for all applicants:

- Must!*
1. Complete all four (4) pages of the application. **All** persons living in the home must be listed.
  2. Provide income verification for the last 3 months.
  3. Include a copy of your most recent bank statement and your utility bill with your disconnect notice.
  4. List last month's expenses on the second page. Where does your money go each month?
  5. Describe your emergency in detail below (underneath expenses).
  6. Complete the questionnaire below.

Your application must be in our office on **Tuesday by noon** for the **Wednesday** committee meeting. Results will be available **Thursday**.

1. What current emergency has prevented you from paying your utility bill(s)? \_\_\_\_\_

\_\_\_\_\_

2. Have you had a sudden loss of income? No / Yes. Please explain: \_\_\_\_\_

\_\_\_\_\_

3. When is the last time you made a payment to your fuel/electric bill? Do you make monthly payments to this vender? \_\_\_\_\_

\_\_\_\_\_

4. Is there anyone in your home 18 years or older without an income? If so, why are they not working? \_\_\_\_\_

\_\_\_\_\_

5. What are the first 3 bills you pay each month? And why are they your priority to pay? \_\_\_\_\_

\_\_\_\_\_

6. How are you paying your other monthly bills? \_\_\_\_\_

\_\_\_\_\_

7. What is your plan to pay your future bills? \_\_\_\_\_

\_\_\_\_\_

**Incomplete applications will not be reviewed.**



# Energy Share of Montana Application Form

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_ Contact's Name: \_\_\_\_\_

**HOUSING Type:**  House/Dbl 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

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



**ENERGY SHARE OF MONTANA  
RELEASE OF CONFIDENTIAL INFORMATION & 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, V.A. 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, 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.

**Applicant Signature**

**Signature** of all other household members age 16 or older.

X \_\_\_\_\_ X \_\_\_\_\_  
Date \_\_\_\_\_ X \_\_\_\_\_

X \_\_\_\_\_