

## LOW-INCOME ENERGY ASSISTANCE AND WEATHERIZATION PROGRAM APPLICATION

**NOTE: YOU WILL RECEIVE A LETTER TELLING YOU WHETHER YOU ARE ELIGIBLE AFTER WE RECEIVE YOUR COMPLETED APPLICATION. YOUR APPLICATION CANNOT BE PROCESSED IF YOU DO NOT SUPPLY ALL OF THE INFORMATION REQUESTED.**

### Section 1 HOUSEHOLD ADDRESS INFORMATION

**This application is for LIEAP benefits for the dwelling resided in at the time of application.**

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_ Work Phone/Name of Person Working: \_\_\_\_\_  
 Did you move into the State of Montana within the past 12 months?  Yes  No If yes, what date? \_\_\_\_\_ Date moved into this address: \_\_\_\_\_

### Section 2 HOUSEHOLD MEMBERS

**Provide all requested information for all persons living in the house regardless of relationship whether or not you consider them a household member. (NOTE: Entries for SSN, Hispanic, race and gender are not required. If you choose not to provide Social Security Number(s) you must provide alternate identification for all household members.) Relationship: SE Head of Household (Self); SP/SO Spouse/Significant Other; CH Child; GC Grandchild; FC Foster Child; PA Parent; SB Sister/Brother; AU Aunt/Uncle; NN Niece/Nephew; CO Cousin; EX Ex-Spouse; NR Not Related, OR Other-Related. Hispanic Status: Hispanic/Latino – yes or no; Race Status: 1. White; 2. Black/African American; 3. American Indian/Alaska Native; 4. Asian; 5. Native Hawaiian/Pacific Islander (Multiple Selections Allowed); Health Insurance Status: Medicaid; Medicare; Private; CHIP; Other; None. (Multiple Selections Allowed) Highest Grade Completed: 0 None; 1-6 Grades 1-6; 7-8 Grades 7-8; 9-11 Grades 9-11; AS Associate; BA Bachelor; BK Before Kindergarten; GED GED Completed; HS High School Completed; K Kindergarten; MS Master; PR Professional; VT Vo-Tech. Employment Status: Full-Time; Part-Time; Not Employed; Retire/Not Working. Please attach sheet with additional household member information.**

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	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																					
08																					

Total Number of Persons: \_\_\_\_\_

**ONLY COMPLETE, SIGNED APPLICATIONS WILL BE PROCESSED.**

**Section 3 HOUSING TYPE INFORMATION (Please check one.)**

Do you?  Own  Rent Do you receive governmental rent assistance?  Yes  No Does your rent include heating costs?  Yes  No  
Has your household applied for or received assistance with heat/utility costs from a LIEAP, Tribal or Housing Assistance agency?  Yes  No  
If, yes, please specify where, when and provide verification of utility subsidy/assistance amount: \_\_\_\_\_  
If you rent, provide name, address, and telephone number of your landlord:

\_\_\_\_\_  
(Name) (\_\_\_\_\_) \_\_\_\_\_  
(Phone Number)  
\_\_\_\_\_  
(Address) \_\_\_\_\_  
(City/State/Zip)

**Housing type: (Please check one.)**

- House or Double-Wide Mobile Home Own Mobile, rent lot?  Yes  No  
 Apartment or Duplex, etc.  
 Single-Wide Mobile Home Own Mobile, rent lot?  Yes  No

**Number of bedrooms: (Please check one.)**

- One  Three  
 Two  Four or more

Has your home been weatherized,  No  Yes If yes, when? \_\_\_\_\_ If you have a heating system emergency, please contact your local LIEAP office. The phone number is listed on the back page of this form.

**Section 4 HEATING TYPE INFORMATION**

**WHICH TYPE OF HEAT DOES YOUR HOUSEHOLD USE? (PLEASE MARK ONLY YOUR MAIN HEAT SOURCE.)**

- NATURAL GAS  PROPANE  COAL  
 ELECTRICITY  WOOD  FUEL OIL

**Who is your main heat vendor? (Please mark only your MAIN heat vendor.)**

- NORTHWESTERN ENERGY  MONTANA DAKOTA UTILITIES  
 OTHER: \_\_\_\_\_

Actual or Estimated Annual (Past 12 Months) Heating Costs: \$ \_\_\_\_\_  
(Please list heat vendor name and actual or estimated annual (past 12 months) heating costs.)

**A COPY OF YOUR MOST RECENT HEAT BILL SHOWING NAME, CURRENT ADDRESS AND ACCOUNT NUMBER FOR YOUR MAIN HEAT SOURCE MUST BE ATTACHED. APPLICATION CAN ONLY BE MADE FOR THE DWELLING RESIDED IN AT THE TIME OF APPLICATION.**

**\*If your main heat source is oil or propane and you do not have a bill, obtain a letter of service from your supplier.**

**What other type(s) of heat do you use? \_\_\_\_\_ List other vendor name(s) and account number(s): \_\_\_\_\_**

**Name heat bill is in if different from head of household: \_\_\_\_\_**

**Name of vendor that provides electricity to your dwelling: \_\_\_\_\_ Account Number: \_\_\_\_\_**

**\*If your utility bill is in the name of a non-household member, you may need to complete an additional form. Please ask about this when you submit your application. This will prevent delays in processing.**

**\*If you are a NorthWestern Energy customer (even if NorthWestern Energy is not the supplier of your main heat), send a copy of the bill. Your household may be eligible for a discount.**

**\*If your main heating source is wood or coal, or if heating is included in your rental payment, you may need to complete an additional form. Please ask about this when you submit your application. This will prevent delays in processing.**

### Section 5 SOURCES OF INCOME

Please check ALL of the following sources of **GROSS** income that have been received by ALL MEMBERS OF YOUR HOUSEHOLD WITHIN THE PAST 12 MONTHS.

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> FAIM/TANF                     | <input type="checkbox"/> Self Employment   | <input type="checkbox"/> Loans                     | <input type="checkbox"/> Gifts   |
| <input type="checkbox"/> Food Stamps                   | <input type="checkbox"/> Wages             | <input type="checkbox"/> Alimony Payments          | <input type="checkbox"/> Odd jobs  |
| <input type="checkbox"/> VA                            | <input type="checkbox"/> Property Income   | <input type="checkbox"/> Child Support             | <input type="checkbox"/> Other: If checked, please explain in the following space: |
| <input type="checkbox"/> General Assistance            | <input type="checkbox"/> Unemployment      | <input type="checkbox"/> Worker's Comp             | _____  |
| <input type="checkbox"/> Supplemental Security Income* | <input type="checkbox"/> Interest Income   | <input type="checkbox"/> Educational Grants        | _____  |
| <input type="checkbox"/> Social Security*              | <input type="checkbox"/> Retirement Income | <input type="checkbox"/> Section 8 Utility Payment | _____  |

**\*\* Provide a copy of the Social Security Administration award letter or tax form SSA 1099.**

### Section 6 GROSS INCOME OF HOUSEHOLD MEMBERS

***Enter the requested information for all household members regardless of age or relationship. Begin with last month and go back twelve (12) months. (Don't include Food Stamps below.) IF THERE IS ANY TIME PERIOD OF ZERO (0) INCOME, PLEASE EXPLAIN YOUR MEANS OF SURVIVAL.***

***COPIES OF DOCUMENTATION TO PROVE ALL GROSS INCOME MUST BE INCLUDED (Bank statements can not be used as proof of income).***

Month	Year	Sources and Amounts of Gross Income (Please specify each source of income and who received it.)	Total Gross Income for Month
EXAMPLE – JUNE	2007	Joe-ABC Company \$650; Jane-Social Security \$500; Jane-Child Support-\$250	\$1,400
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

**Section 7 RESOURCES AND BUSINESS EQUITY**

PLEASE ANSWER ALL QUESTIONS FOR EACH OF THE RESOURCES LISTED BELOW FOR ALL HOUSEHOLD MEMBERS REGARDLESS OF RELATIONSHIP. **IF THE RESOURCE LISTED DOES NOT APPLY TO YOUR HOUSEHOLD, PLEASE PRINT "NONE" UNDER EACH SECTION HEADED "FINANCIAL INSTITUTION".** (YOU MAY BE REQUIRED TO VERIFY THE CURRENT VALUE OF ALL RESOURCES.)

RESOURCE	FINANCIAL INSTITUTION/LOCATION	CURRENT VALUE
1. Cash and/or Checking Account(s)		\$
2. Savings Account(s)		\$
3. Certificate of Deposit – Individual Retirement Accounts - Tax Sheltered Annuities		\$
4. Cash value of stocks and/or bonds		\$
5. Value of business assets, rental properties or property leases. (Self-employed households <b>must</b> provide this information).		\$
6. Property/real estate other than the home in which you live and it's adjoining land.		\$

**Section 8 COLLEGE/TRIBAL STATUS**

Has any member of the household been enrolled at least half-time in a college or university in the last 12 months?  Yes  No If yes, include a copy of all financial award letters. Which quarters or semesters? \_\_\_\_\_

If yes, was that person claimed last year as a dependant for Federal income tax purposes by someone in another household?  Yes  No

Is any adult household member an enrolled tribal member or direct descendant?  Yes  No

If yes, what household members? \_\_\_\_\_

If yes, specify each person's tribal affiliation(s)? \_\_\_\_\_

Is your home located within the boundaries of a reservation?  Yes  No Is the household eligible for Tribal LIEAP benefits?  Yes  No

**Note:** All adult household members who live on a reservation, and who are Native American (other than the Crow Reservation) or enrolled tribal members or direct descendants should contact their Tribal LIEAP office for assistance. Native Americans household members that live on the Crow Reservation should contact District VII Human Resource Development Council (Billings) for assistance.

**COMMENTS:**

If you wish to make any comments regarding any special situation, or you wish to clarify any of your responses, please do so in the space provided below. If you need additional space, please use a separate piece of paper. \_\_\_\_\_

**Section 9 AUTHORIZATION**

**PLEASE READ THE FOLLOWING AND SIGN AND DATE WHERE INDICATED.**

I understand that this application is for Federal funds and that any falsification or concealment of a material fact may be prosecuted under Federal or State Laws. I understand the application must include information for all individuals living in the household including all gross income and resources.

I understand that homes are weatherized on a priority basis. If my home is prioritized this year, I authorize an agency representative to complete an energy audit of my home and install weatherization measures as determined to be necessary by the agency. **Refusal to allow weatherization measures to be applied to my home may result in suspension of Fuel Assistance benefits.** I have read; or have had read to me; all the above and all questions have been answered to my satisfaction. I also understand that Fuel Assistance benefits are computed for October 1 through April 30 and I am responsible for any other costs not covered by Fuel Assistance benefits. I certify that the information provided herein is true, complete, and correct to the best of my knowledge. I also assign to the Department any rights to third party payments for emergency assistance services provided by the Department.

\*\*\*\*\* **AND** \*\*\*\*\*

**RELEASE OF CONFIDENTIAL INFORMATION**

**AUTHORIZATION TO MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES 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 the Montana Department of Public Health and Human Services (DPHHS) and/or to any agent or contractor of the DPHHS which is authorized to determine eligibility for Energy Assistance or Weatherization benefits. I authorize the disclosure or release of any information relevant to my eligibility for Energy Assistance or Weatherization 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 DPHHS 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.

**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, 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 Billing Information, Child Support Payments, Benefit Information.

**Signature of head of household or person signing on his/her behalf.**

X \_\_\_\_\_ Date: \_\_\_\_\_ SSN: \_\_\_\_\_

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

X \_\_\_\_\_ Date: \_\_\_\_\_ SSN: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_ SSN: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_ SSN: \_\_\_\_\_

## Section 10 APPLICANT RIGHTS AND RESPONSIBILITIES

### **Rights:**

- To make application without delay.
- To inquire and be informed about coverage, conditions of eligibility, scope of the program and related services available, including systems conversions and regular and emergency benefits.
- To be determined eligible or ineligible based upon the information and corresponding documentation provided for the completed application.
- To receive timely written notice of denial, reduction, or termination of assistance.
- To be informed of the Fair Hearing process.
- To have a confidential relationship.
- To have Civil Rights protected.

### **Responsibilities:**

- To complete the application.
- To sign a "Release of Confidential Information" form. (Everyone in household who is 16 years of age or older.)
- To provide proof of gross income for all household members and heating fuel type, as requested.
- To report changes in your physical and/or mailing address within 10 days.
- To provide (if applicable) a twelve (12) month history of your home heating costs.

### **APPLICANT CHECKLIST:**

#### **[ X ] Make sure you have done the following things:**

- Included a copy of your most current main heat fuel bill.
- Included a copy of your most current NorthWestern Energy bill if you are a NorthWestern Energy Customer.
- Included copies of proof of all gross income received in the past 12 months from all sources for all members of the household regardless of age or relationship. Social Security and SSI recipients must provide a copy of a SSA award letter or SSA 1009 form. (Bank statements can not be used to verify income.)
- Given us your total annual (last 12 months) household heat costs if your heat vendor is not Flathead Electric Cooperative, Montana Dakota Utilities or NorthWestern Energy.
- Verified each box in Section 7 is filled in.
- Ensured that all household members 16 years of age or older have signed Section 9.
- Checked the list on page 7 to determine which is the correct LIEAP eligibility office to mail your completed application.

**PLEASE FIND YOUR COUNTY BELOW AND RETURN YOUR APPLICATION TO THE APPROPRIATE OFFICE**

<b>Return application to:</b>	↔	<b>If you live in this county:</b>	<b>Return application to:</b>	↔	<b>If you live in this county:</b>
Action for Eastern Montana 2030 North Merrill P.O. Box 1309 Glendive, MT 59330-1309 377-3564/1-800-227-0703		CARTER CUSTER DANIELS DAWSON FALLON GARFIELD McCONE PHILLIPS POWDER RIVER	PRAIRIE RICHLAND ROOSEVELT ROSEBUD SHERIDAN TREASURE VALLEY WIBAUX	Rocky Mountain Development Council LIEAP Office 3108 McHugh Drive Helena, MT 59602 447-1625/1-800-356-6544	BROADWATER JEFFERSON LEWIS & CLARK
District IV HRDC 2229 5 <sup>TH</sup> Avenue Havre, MT 59501 265-6743/1-800-640-6743		BLAINE HILL LIBERTY	District IX HRDC 32 South Tracy Avenue Bozeman, MT 59715 587-4486/1-800-332-2796	GALLATIN MEAGHER PARK	
Opportunities Incorporated 905 First Avenue North P.O. Box 2289 Great Falls, MT 59403-2289 761-0310/1-800-326-0955		CASCADE CHOUTEAU GLACIER	Northwest Montana Human Resources 214 Main Street P.O. Box 8300 Kalispell, MT 59904-1300 758-5433/1-800-344-5979	FLATHEAD LAKE LINCOLN SANDERS	
North Central Area Agency on Aging Pondera Village Shopping Center 600 South Main Suite 4 Conrad, MT 59425 271-7553		PONDERA TETON TOOLE	District XI Human Resource Council 1801 South Higgins Missoula, MT 59801 728-3710	MINERAL MISSOULA RAVALLI	
District VI HRDC Centennial Plaza 300 First Avenue North, Room 203 Lewistown, MT 59457 535-7488/1-800-766-3018 Roundup, MT Office 323-3857		FERGUS GOLDEN VALLEY JUDITH BASIN MUSSELSHELL PETROLEUM WHEATLAND	District XII HRDC 700 Casey Street P.O. Box 3486 Butte, MT 59702 496-4975/1-800-382-1325	BEAVERHEAD DEER LODGE GRANITE MADISON POWELL	
District VII HRDC 7 North 31ST Street P.O. Box 2016 Billings, MT 59103		BIG HORN CARBON STILLWATER SWEET GRASS			

