



Energy Share of Montana

Action for Eastern Montana

Fax: (406) 377-3571 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, each Wednesday, 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. (This can be done with reasonable monthly payments.)

The committee will look at the following to make a decision:

**** Failure to complete the application will result in delay of assistance and/or denial of your application.****

1. **Complete the entire application.** All persons living in the home must be listed, regardless of relationship-whether or not you consider them a household member. All persons 16 years+ must sign the back page of the application.
2. **Provide income verification** for the last 2-3 months prior to your application date. All income is required for all household members regardless of the income type or age of the household member(s). Paystubs, Social Security letter, etc.
3. **Include a copy of your disconnect notice** or most recent bill from your vender.
4. **Description of circumstances:** Consider this your 'voice' to the committee. Include complete information regarding your current situation that has led you to ask for help. This is the most important part of the application. The more we know, the better we know how to help you.
5. **List last month's payments.** On the back of the application, list the actual dollar amount that you paid for your household. For example: car payments, car insurance, prescriptions, medical payments, rent/mortgage, child care, cable TV, credit card payments, phone, water, electric, and groceries (not including the amount you get from food stamps).

Please have all your information into this office by Tuesday, 4pm to be considered at the meeting the following day.

Have you applied for the 2011 - 2012 LIEAP/LIHEAP?

When and how much was the last payment you made toward this bill?

Have you contacted your fuel/utility company about this matter?

Did you make any agreements/arrangements with them? Yes/No If so, what were they?

If you have any questions, please call Sara at 1(800)227-0703.



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

Last Name	First Name	MI	Alias (Other Names Used)	Social Security Number (SSN)	Relationship to Head of Household	Birth Date			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 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																						
03																						
04																						
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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 Work-Related injury Moving Expense Furnace not working properly

Other (describe): _____ **Amount Needed:** \$ _____ **For (vendor)** _____ **Will you repay?** Yes No \$ _____ /month
(a copy of the bill you want help with is required)

