



# Energy Share of Montana

## Action for Eastern Montana

1 (800)227-0703 Fax: (406) 377-3570 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:

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. Failure to complete the application will result in delay of assistance and/or denial of your 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).
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 5pm Tuesday afternoon to be considered at the meeting the following day.**

Have you applied for LIEAP/LIHEAP this year?

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?

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/Dbf Wide  Apartment/Duplex  Single Wide Mobile  Other \_\_\_\_\_

**Monthly Household Income:**  Wages/Salary \$ \_\_\_\_\_  TANF \$ \_\_\_\_\_  SS/SSI \$ \_\_\_\_\_  Child Support \$ \_\_\_\_\_  U.I. \$ \_\_\_\_\_  
 Other (please list source and amount) \_\_\_\_\_  Food Stamps \$ \_\_\_\_\_

## HOUSEHOLD MEMBER INFORMATION

01	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																				

### 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

Please describe and list monthly expenses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the circumstances that led up to your need to apply for Energy Share: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to release to Energy Share or its agents any records needed to verify my status. I understand that the decision of this Local Policy committee is final and may not be appealed to the state Board of Directors. 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 agency to enter the information on this application in the Central Database System. Only this agency and its funding sources access this information.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

Dates: Received: _____ Decision _____ Notified: _____
Amt: \$ _____ Vendor: _____ Account # _____
Approved _____ Denied _____ Why? _____
Sign Off: _____
Match Required? Y N \$ _____ To: _____
Date Due ___/___/___ Vendor notified _____
Client notified _____
Notes _____

Award Style: Grant Loan Match/Grant Match/Loan	Date Entered CDS _____
Income Status: Under 50% 50-125% 125-150% Over 150% _____ # Mos.	
Total Household Income: \$ _____ Annualized	Actual
USB over 150% Justification: _____	
Funding Source: FF _____ USB (which company) _____	Other _____
Other unrepaid ES awards: _____	
Notes _____	