



DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

STATE OF MONTANA

Dear Energy Assistance Programs Applicant:

Please find attached an application for the Low Income Energy Assistance Program (LIEAP) and Weatherization. To apply for the LIEAP program, this application must be completed and returned to your local LIEAP office by April 30, 2012. LIEAP heat assistance applications will **not** be accepted after April 30, 2012. You can apply for Weatherization all year. You can only apply for LIEAP benefits and Weatherization for the dwelling you reside in at the time of application. If you move after you file the application but before eligibility is determined, you must file another application.

Please complete all of the information in each section of the LIEAP/Weatherization application. You must also provide verification of all gross income received by current household members within the twelve (12) months prior to the month you turn in your application (please refer to the table below) and a copy of your most recent heat fuel bill. **Your application for LIEAP/Weatherization assistance cannot be processed without this verification.** Failure to provide all requested information and verification will delay the eligibility determination and may result in application denial. **LIEAP/Weatherization eligibility will be determined based upon the circumstances at the time of application.**

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

If you turn in your application in the month of:	Provide verification of income for these months:
August 2011	August 2010 through July 2011
September 2011	September 2010 through August 2011
October 2011	October 2010 through September 2011
November 2011	November 2010 through October 2011
December 2011	December 2010 through November 2011
January 2012	January 2011 through December 2011
February 2012	February 2011 through January 2012
March 2012	March 2011 through February 2012
April 2012	April 2011 through March 2012

If you are a NorthWestern Energy customer (even if NorthWestern Energy isn't the supplier of the fuel used to heat your home), please send in a copy of your NorthWestern Energy bill as well as your heat bill because your household may be eligible for a discount. Other utility or service providers may also provide discounts based upon LIEAP eligibility. Please provide all home energy bills.

If you have a heating emergency please contact your local LIEAP office.

If you have any questions regarding your LIEAP/Weatherization application, please call your local LIEAP/Weatherization office. The contact number for the local LIEAP/Weatherization office that serves the county that you live in is listed on the last page of the application.

When your LIEAP/Weatherization application is complete, please send the application along with the necessary verification to your local LIEAP/Weatherization office. The address for the LIEAP/Weatherization office that serves the county that you live in is listed on the last page of the application. **If you move any time after submitting an application, please contact your LIEAP/Weatherization office.**

APPLICANT RIGHTS AND RESPONSIBILITIES

Rights:

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 your 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 income for all household members and heating fuel type as requested.

To provide child support verification including non-court ordered child support.

To report changes in your physical and/or mailing address within 10 days.

To provide verification of SSN, proof of citizenship or lawful entry into the U.S. for all household members.

To provide photo identification for all household members over the age of 18. For household members under age 18, birth certificates must be provided if you don't have a photo ID.

To provide verification of all bank accounts and other resources.

APPLICANT CHECKLIST:

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

- Completed all spaces on the application, especially Income in Section 6 and each Resource line in Section 7.
- Completed physical and mailing address.
- Ensured that all household members 16 years of age or older have signed Section 9.
- Included a copy of your most recent home energy bill(s).
- Included copies of proof of all gross incomes received in the past 12 months, from all sources, for all members of the household regardless of the age or relationship. Social Security and SSI recipients may be required to provide a copy of a SSA award letter or SSA 1099 form.
- Included copies of all supporting documentation of all current resources reported in Section 7.
- Included a copy of photo ID for all household members. Included copies of birth certificates for household members under 18 years of age who don't have photo IDs.
- Provide Social Security Number, proof of citizenship or lawful entry into the U.S.
- Checked the address list on page 7 for mailing your completed application to the correct LIEAP eligibility office.

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 WITHOUT ALL OF THE INFORMATION REQUESTED.

Section 1 HOUSEHOLD ADDRESS INFORMATION

This application is for LIEAP Benefits/Weatherization for the dwelling resided in at the time of application. If there is a move before approval, you must reapply.

Physical Address Where Currently Living:	Mailing Address
Street: _____	_____
City and Zip Code: _____	_____
County: _____	_____

Did you move into Montana within the past 12 months? Yes No If yes, what date? _____ Date moved into this address: _____

Home Phone: _____	Work Phone: _____	Name: _____	Cell Phone: _____	Name: _____
Message Phone: _____	Work Phone 2: _____	Name: _____	Cell Phone 2: _____	Name: _____

Section 2 HOUSEHOLD MEMBERS (List everyone who lives in this residence.)

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 gender, Hispanic, and race are not required. Photo IDs and SSN(s) are required for all household members. If you do not have Social Security Number(s) you must provide alternate identification for all such household members.(e.g .Proof of citizenship, lawful entry into the U.S.,or birth certificates for children up to 18 years of age) 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; Retired/Not Working. Please attach sheet with additional household member information.

List everyone who lives in this residence 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																	

Total Number of Persons: _____ **ONLY COMPLETE, SIGNED APPLICATIONS WILL BE PROCESSED.**

Section 5 SOURCES OF INCOME

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

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> TANF(includes Tribal) | <input type="checkbox"/> Self Employment | <input type="checkbox"/> Alimony Payments | <input type="checkbox"/> Utility Payment (Section 8 Housing) |
| <input type="checkbox"/> SNAP / Food Stamp | <input type="checkbox"/> Wages / Tips | <input type="checkbox"/> Worker's Comp | <input type="checkbox"/> Child Support: If paid through MT CSED, provide case #'s |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Educational Grants | _____ |
| <input type="checkbox"/> VA | <input type="checkbox"/> Interest Income | <input type="checkbox"/> Loans | <input type="checkbox"/> Other: If checked, please explain in the following space: |
| <input type="checkbox"/> General Assistance (includes Tribal) | <input type="checkbox"/> Pension/Retirement Income | <input type="checkbox"/> Gifts (Money) | _____ |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Property Income | <input type="checkbox"/> Odd jobs | |

Section 6 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 SNAP/Food Stamps below.) IF THERE IS ANY TIME PERIOD OF ZERO (0) INCOME, PLEASE EXPLAIN YOUR MEANS OF SURVIVAL.

COPIES OF DOCUMENTATION TO VERIFY ALL GROSS INCOME MUST BE INCLUDED

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	2011	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".

RESOURCE You must provide VERIFICATION of the CURRENT VALUE of all RESOURCES	FINANCIAL INSTITUTION / PHYSICAL ADDRESS / DATE	CURRENT VALUE
1. Cash and/or Checking Account(s)		\$
2. Savings Account(s)		\$
3. Certificates of Deposit – Individual Retirement Accounts - Tax Sheltered Annuities - 401(K); 403(B) or any other retirement account		\$
4. Cash value of stocks, bonds and other investments		\$
5. Value of business assets, rental properties or property leases. (Self-employed households must provide this information).		\$
6. Cash value of State and Federal tax refund and date received		\$
7. Physical address(es) and County of property/real estate other than the home in which you live and it's adjoining land.		\$
8. Physical address and County of the sale of primary residence (where you were living) and date sold		\$

Section 8 COLLEGE 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, which household members? _____

If yes, include a copy of all financial aid received. Which quarters or semesters did they attend? _____

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

TRIBAL STATUS

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

If yes, which 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 (other than the Crow Reservation), and who are Native American, enrolled tribal members or direct descendants should contact their Tribal LIEAP office for assistance. Native American household members who live on the Crow Reservation should contact District VII Human Resource Development Council (Billings) for assistance.

WEATHERIZATION

Do any household members have health conditions to take into consideration for weatherization of the residence? Yes No

If yes, which household members? _____

If yes, list conditions. If you need additional space, please use a separate piece of paper. _____

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. 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, and other sources which may be deemed necessary.

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 Account Information: including, but not limited to, Utility Account and 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: _____

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

Return application to:	⇐ If you live in this county:	Return application to:	⇐ If you live in this county:	
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 648 N. Jackson Street P.O. Box 1717 Helena, MT 59624-1717 447-1625/1-800-356-6544	BROADWATER JEFFERSON LEWIS & CLARK
District IV HRDC 2229 5 TH 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	Community Action Partnership of Northwest Montana 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 600 South Main Street, Suite 4 Conrad, MT 59425 271-7553/1-800-551-3191	PONDERA TETON TOOLE	District XI Human Resource Council 1801 South Higgins Missoula, MT 59801 406- 728-3710	MISSOULA MINERAL 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 SILVER BOW	
District VII HRDC 7 North 31ST Street P.O. Box 2016 Billings, MT 59103 247-4732/1-800-433-1411	BIG HORN CARBON STILLWATER SWEET GRASS YELLOWSTONE			