

HELENA AREA ENERGY SHARE

PLEASE READ BEFORE COMPLETING THIS APPLICATION

1. Please provide income verification for the most recent 3, 6, or 12 months.
2. Provide a copy of your last fuel bill and/or disconnect notice.
3. Answer all the questions and sign the Energy Share application. On the backside of the sheet, list all of your expenses unless you have provided this with the LIEAP application.

The Helena area Energy Share committee is a volunteer committee that meets regularly to determine eligibility. Your application is reviewed by a committee that can **only act on the information you have provided.**

Energy Share is **not** a program that provides ongoing funds. If you have been a past recipient of an Energy Share grant and have not repaid part or all of the entire grant, you are probably not eligible for another.

Energy Share funding is based on donations. If you become financially able, you may choose to repay this grant. Your donations will directly help another household in an emergency heat situation.

Applications may be mailed, faxed, or dropped off at the address below. Also, if you have questions, please call or write:

LIEAP
3108 McHugh Drive
Helena, MT 59602
447-1625 or 1-800-356-6544 (toll free)
Fax – (406) 495-9902



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

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	R A C E	V E T E R A N	D I S A B L E D	Type of Health Insurance	Currently in Literacy Training Yes/No	Currently in School Yes/No	Highest Grade Completed	Employment Status
				M	D											
01			HEAD													
02																
03																
04																
05																
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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

