



DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

STATE OF MONTANA

Dear Energy Assistance Program 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, 2015. LIEAP heat assistance applications will **not** be accepted after April 30, 2015. 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 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 verifications 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 or a household member is over the age of 60, or a person with a disability, call 1-800-551-3191 if you need help filling out this application.

If you turn in your application in the month of:	Provide verification of income for these months:
August 2014	August 2013 through July 2014
September 2014	September 2013 through August 2014
October 2014	October 2013 through September 2014
November 2014	November 2013 through October 2014
December 2014	December 2013 through November 2014
January 2015	January 2014 through December 2014
February 2015	February 2014 through January 2015
March 2015	March 2014 through February 2015
April 2015	April 2014 through March 2015

Please provide all home energy bills. Many utility and heat vendors provide discounts to LIEAP eligible households.

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 anytime after submitting an application, please contact your LIEAP/Weatherization office.**

APPLICANT RIGHTS AND RESPONSIBILITIES

Rights:

- To inquire and be informed about conditions of eligibility, scope of the program and related services available, including 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 the household who is 16 years of age or older.)
- To provide proof of income for all household members.
- 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. with the intent of establishing permanent residency, for all household members.
- If unable to provide SSN, provide photo identification for all household members over the age of 18. For household members under age 18, a birth certificate must be provided if you don't have a photo ID.
- To provide verification of all bank accounts and other resources.
- To provide bills for all heat and energy providers.

APPLICATION CHECKLIST:

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

- Completed all sections on the application, especially Income in Section 6 and each Resource line in Section 7.
- Completed physical and mailing address information.
- Ensured all people that reside in the dwelling are included on the application.
- Ensured that all household members 16 years of age or older have signed Section 9.
- Included a copy of all home energy bill(s) indicated in Section 4.
- 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 SSA award letter or SSA 1099 form.
- Included copies of all supporting documentation of all current resources you reported in Section 7.
- Included a copy of photo ID for all household members. Include copies of birth certificates for household members under 18 years of age who don't have photo IDs.
- Included a copy of Social Security Number, proof of citizenship or lawful entry into the U.S. with the intent of establishing permanent residency.
- Checked the address list on page 9 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.

<p>Physical Address where currently living:</p> <p>Address Line 1: <input type="text"/></p> <p>Address Line 2: <input type="text"/></p> <p>City: <input type="text"/></p> <p>State: <input type="text"/> Zip Code: <input type="text"/></p> <p>County: <input type="text"/></p> <p>Date Moved to this Address if within the last 12 months: <input type="text"/></p>	<p>Mailing Address:</p> <p>Line 1: <input type="text"/></p> <p>Line 2: <input type="text"/></p> <p>City: <input type="text"/></p> <p>State: <input type="text"/> Zip Code: <input type="text"/></p> <p>Home Phone Number : (<input type="text"/>) <input type="text"/> - <input type="text"/></p> <p>Message Phone Number : (<input type="text"/>) <input type="text"/> - <input type="text"/></p>
---	---

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 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:** HL Hispanic/Latino; NH Not Hispanic/Latino. **Race Status:** (Multiple Selections Allowed): W White; B Black/African American; AI American Indian/Alaska Native; AS Asian; P Native Hawaiian/Pacific Islander. **Health Insurance Status:** (Multiple Selections Allowed): MA Medicaid; MC Medicare; PV Private; CH Healthy Montana Kids; OT Other; NN None. **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:** FT Full Time; PT Part Time; NE Not Employed; RT Retired/Not Working.

For Office Use Only: Application Received Date

		Total # Members in the Household: <input type="text"/>	
Last Name: <input type="text"/>	Age: <input type="text"/>	Household Relationship(see list above for values): <input type="text"/>	
First Name: <input type="text"/>	Birth Date: <input type="text"/>	Veteran (Y/N): <input type="text"/>	Disabled(Y/N): <input type="text"/>
Mid Init: <input type="text"/> SSN: <input type="text"/>	Gender(M/F): <input type="text"/>	In School(Y/N): <input type="text"/>	In Literacy Training (Y/N): <input type="text"/>
Alias Last Name: <input type="text"/>	Hispanic Status: <input type="text"/>	Highest Grade(see list above): <input type="text"/>	
Alias First Name: <input type="text"/>		Employment (see list above): <input type="text"/>	
Health Insurance (see list above): MA <input type="checkbox"/> MC <input type="checkbox"/> PV <input type="checkbox"/> CH <input type="checkbox"/> OT <input type="checkbox"/> NN <input type="checkbox"/>		Work Phone Number : (<input type="text"/>) <input type="text"/> - <input type="text"/>	
Race (see list above): W <input type="checkbox"/> B <input type="checkbox"/> AI <input type="checkbox"/> P <input type="checkbox"/> AS <input type="checkbox"/>		Cell Phone Number : (<input type="text"/>) <input type="text"/> - <input type="text"/>	

For Office Use Only: Application ID



Section 2 - continued. 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.

Use code values listed in the instructions at the beginning of Section 2 to complete Household Relationship, Hispanic Status, Race Status, Health Insurance Status, Highest Grade Completed and Employment Status.

Last Name: <input type="text"/> First Name: <input type="text"/> Mid Init: <input type="text"/> SSN: <input type="text"/> - <input type="text"/> - <input type="text"/> Alias Last Name: <input type="text"/> Alias First Name: <input type="text"/> Health Insurance (see list above): MA <input type="checkbox"/> MC <input type="checkbox"/> PV <input type="checkbox"/> CH <input type="checkbox"/> OT <input type="checkbox"/> NN <input type="checkbox"/> Race (see list above): W <input type="checkbox"/> B <input type="checkbox"/> AI <input type="checkbox"/> P <input type="checkbox"/> AS <input type="checkbox"/>	Age: <input type="text"/> Birth Date: <input type="text"/> / <input type="text"/> / <input type="text"/> Gender(M/F): <input type="text"/> Hispanic Status: <input type="text"/>	Household Relationship(see list above for values): <input type="text"/> Veteran (Y/N): <input type="text"/> Disabled(Y/N): <input type="text"/> In School(Y/N): <input type="text"/> In Literacy Training (Y/N): <input type="text"/> Highest Grade(see list above): <input type="text"/> Employment (see list above): <input type="text"/> Work Phone Number : (<input type="text"/>) <input type="text"/> - <input type="text"/> Cell Phone Number : (<input type="text"/>) <input type="text"/> - <input type="text"/>
Last Name: <input type="text"/> First Name: <input type="text"/> Mid Init: <input type="text"/> SSN: <input type="text"/> - <input type="text"/> - <input type="text"/> Alias Last Name: <input type="text"/> Alias First Name: <input type="text"/> Health Insurance (see list above): MA <input type="checkbox"/> MC <input type="checkbox"/> PV <input type="checkbox"/> CH <input type="checkbox"/> OT <input type="checkbox"/> NN <input type="checkbox"/> Race (see list above): W <input type="checkbox"/> B <input type="checkbox"/> AI <input type="checkbox"/> P <input type="checkbox"/> AS <input type="checkbox"/>	Age: <input type="text"/> Birth Date: <input type="text"/> / <input type="text"/> / <input type="text"/> Gender(M/F): <input type="text"/> Hispanic Status: <input type="text"/>	Household Relationship(see list above for values): <input type="text"/> Veteran (Y/N): <input type="text"/> Disabled(Y/N): <input type="text"/> In School(Y/N): <input type="text"/> In Literacy Training (Y/N): <input type="text"/> Highest Grade(see list above): <input type="text"/> Employment (see list above): <input type="text"/> Work Phone Number : (<input type="text"/>) <input type="text"/> - <input type="text"/> Cell Phone Number : (<input type="text"/>) <input type="text"/> - <input type="text"/>
Last Name: <input type="text"/> First Name: <input type="text"/> Mid Init: <input type="text"/> SSN: <input type="text"/> - <input type="text"/> - <input type="text"/> Alias Last Name: <input type="text"/> Alias First Name: <input type="text"/> Health Insurance (see list above): MA <input type="checkbox"/> MC <input type="checkbox"/> PV <input type="checkbox"/> CH <input type="checkbox"/> OT <input type="checkbox"/> NN <input type="checkbox"/> Race (see list above): W <input type="checkbox"/> B <input type="checkbox"/> AI <input type="checkbox"/> P <input type="checkbox"/> AS <input type="checkbox"/>	Age: <input type="text"/> Birth Date: <input type="text"/> / <input type="text"/> / <input type="text"/> Gender(M/F): <input type="text"/> Hispanic Status: <input type="text"/>	Household Relationship(see list above for values): <input type="text"/> Veteran (Y/N): <input type="text"/> Disabled(Y/N): <input type="text"/> In School(Y/N): <input type="text"/> In Literacy Training (Y/N): <input type="text"/> Highest Grade(see list above): <input type="text"/> Employment (see list above): <input type="text"/> Work Phone Number : (<input type="text"/>) <input type="text"/> - <input type="text"/> Cell Phone Number : (<input type="text"/>) <input type="text"/> - <input type="text"/>

For Office Use Only: Application ID



Section 2 - continued. 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.

Use code values listed in the instructions at the beginning of Section 2 to complete Household Relationship, Hispanic Status, Race Status, Health Insurance Status, Highest Grade Completed and Employment Status.

Last Name: <input type="text"/>	Age: <input type="text"/>	Household Relationship(see list above for values): <input type="text"/>
First Name: <input type="text"/>	Birth Date: <input type="text"/>	Veteran (Y/N): <input type="text"/> Disabled(Y/N): <input type="text"/>
Mid Init: <input type="text"/> SSN: <input type="text"/> - <input type="text"/> - <input type="text"/>	Gender(M/F): <input type="text"/>	In School(Y/N): <input type="text"/> In Literacy Training (Y/N): <input type="text"/>
Alias Last Name: <input type="text"/>	Hispanic Status: <input type="text"/>	Highest Grade(see list above): <input type="text"/>
Alias First Name: <input type="text"/>		Employment (see list above): <input type="text"/>
Health Insurance (see list above): MA <input type="checkbox"/> MC <input type="checkbox"/> PV <input type="checkbox"/> CH <input type="checkbox"/> OT <input type="checkbox"/> NN <input type="checkbox"/>		Work Phone Number : (<input type="text"/>) <input type="text"/> - <input type="text"/>
Race (see list above): W <input type="checkbox"/> B <input type="checkbox"/> AI <input type="checkbox"/> P <input type="checkbox"/> AS <input type="checkbox"/>		Cell Phone Number : (<input type="text"/>) <input type="text"/> - <input type="text"/>

Last Name: <input type="text"/>	Age: <input type="text"/>	Household Relationship(see list above for values): <input type="text"/>
First Name: <input type="text"/>	Birth Date: <input type="text"/>	Veteran (Y/N): <input type="text"/> Disabled(Y/N): <input type="text"/>
Mid Init: <input type="text"/> SSN: <input type="text"/> - <input type="text"/> - <input type="text"/>	Gender(M/F): <input type="text"/>	In School(Y/N): <input type="text"/> In Literacy Training (Y/N): <input type="text"/>
Alias Last Name: <input type="text"/>	Hispanic Status: <input type="text"/>	Highest Grade(see list above): <input type="text"/>
Alias First Name: <input type="text"/>		Employment (see list above): <input type="text"/>
Health Insurance (see list above): MA <input type="checkbox"/> MC <input type="checkbox"/> PV <input type="checkbox"/> CH <input type="checkbox"/> OT <input type="checkbox"/> NN <input type="checkbox"/>		Work Phone Number : (<input type="text"/>) <input type="text"/> - <input type="text"/>
Race (see list above): W <input type="checkbox"/> B <input type="checkbox"/> AI <input type="checkbox"/> P <input type="checkbox"/> AS <input type="checkbox"/>		Cell Phone Number : (<input type="text"/>) <input type="text"/> - <input type="text"/>

Last Name: <input type="text"/>	Age: <input type="text"/>	Household Relationship(see list above for values): <input type="text"/>
First Name: <input type="text"/>	Birth Date: <input type="text"/>	Veteran (Y/N): <input type="text"/> Disabled(Y/N): <input type="text"/>
Mid Init: <input type="text"/> SSN: <input type="text"/> - <input type="text"/> - <input type="text"/>	Gender(M/F): <input type="text"/>	In School(Y/N): <input type="text"/> In Literacy Training (Y/N): <input type="text"/>
Alias Last Name: <input type="text"/>	Hispanic Status: <input type="text"/>	Highest Grade(see list above): <input type="text"/>
Alias First Name: <input type="text"/>		Employment (see list above): <input type="text"/>
Health Insurance (see list above): MA <input type="checkbox"/> MC <input type="checkbox"/> PV <input type="checkbox"/> CH <input type="checkbox"/> OT <input type="checkbox"/> NN <input type="checkbox"/>		Work Phone Number : (<input type="text"/>) <input type="text"/> - <input type="text"/>
Race (see list above): W <input type="checkbox"/> B <input type="checkbox"/> AI <input type="checkbox"/> P <input type="checkbox"/> AS <input type="checkbox"/>		Cell Phone Number : (<input type="text"/>) <input type="text"/> - <input type="text"/>

For Office Use Only: Application ID	<input type="text"/>
-------------------------------------	----------------------



Section 2 - continued. 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.

Use code values listed in the instructions at the beginning of Section 2 to complete Household Relationship, Hispanic Status, Race Status, Health Insurance Status, Highest Grade Completed and Employment Status. Please attach sheet with additional household member information.

Last Name: <input type="text"/>	Age: <input type="text"/>	Household Relationship(see list above for values): <input type="text"/>
First Name: <input type="text"/>	Birth Date: <input type="text"/>	Veteran (Y/N): <input type="text"/> Disabled(Y/N): <input type="text"/>
Mid Init: <input type="text"/> SSN: <input type="text"/> - <input type="text"/> - <input type="text"/>	Gender(M/F): <input type="text"/>	In School(Y/N): <input type="text"/> In Literacy Training (Y/N): <input type="text"/>
Alias Last Name: <input type="text"/>	Hispanic Status: <input type="text"/>	Highest Grade(see list above): <input type="text"/>
Alias First Name: <input type="text"/>		Employment (see list above): <input type="text"/>
Health Insurance (see list above): MA <input type="checkbox"/> MC <input type="checkbox"/> PV <input type="checkbox"/> CH <input type="checkbox"/> OT <input type="checkbox"/> NN <input type="checkbox"/>		Work Phone Number : (<input type="text"/>) <input type="text"/> - <input type="text"/>
Race (see list above): W <input type="checkbox"/> B <input type="checkbox"/> AI <input type="checkbox"/> P <input type="checkbox"/> AS <input type="checkbox"/>		Cell Phone Number : (<input type="text"/>) <input type="text"/> - <input type="text"/>

Section 3 HOUSING TYPE INFORMATION

<p>Housing type: (Please check one.)</p> <p><input type="checkbox"/> Single-Wide Mobile Home</p> <p><input type="checkbox"/> Double-Wide Mobile Home</p> <p><input type="checkbox"/> House</p> <p><input type="checkbox"/> Apartment or Duplex, etc. - # Units in Building : <input type="text"/></p> <p align="right">Year Dwelling was built <input type="text"/></p>	<p>Number of bedrooms: (Please check one.)</p> <p><input type="checkbox"/> One</p> <p><input type="checkbox"/> Two</p> <p><input type="checkbox"/> Three</p> <p><input type="checkbox"/> Four or more</p>	<p>Rent or Own Home?</p> <p><input type="checkbox"/> Own Home</p> <p><input type="checkbox"/> Rent Home</p> <p>Rent Lot?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
--	--	---

If you rent, provide name, address, and telephone number of your landlord:

Landlord Name: <input type="text"/>	Landlord Phone Number : (<input type="text"/>) <input type="text"/> - <input type="text"/>
Address Line 1: <input type="text"/>	City: <input type="text"/>
Address Line 2: <input type="text"/>	State: <input type="text"/> Zip Code: <input type="text"/>

* Do you receive governmental rent assistance? Yes No

* Does your rent include heating costs? Yes No



For Office Use Only: Application ID <input type="text"/>
--

Section 4 HOME ENERGY INFORMATION

A COPY OF YOUR MOST RECENT HOME ENERGY BILL(S) SHOWING NAME, CURRENT ADDRESS AND ACCOUNT NUMBER(S) FOR ALL HOME ENERGY TYPES MUST BE ATTACHED. IF YOUR MAIN HEAT SOURCE IS OIL OR PROPANE AND YOU DO NOT HAVE THE BILL, OBTAIN A LETTER OF SERVICE FROM YOUR SUPPLIERS. APPLICATIONS CAN ONLY BE MADE FOR THE DWELLING RESIDED IN AT THE TIME OF APPLICATION.

The primary (main) vendor is the vendor for the heat service you use the most:

Home Energy Types used to heat a home are:

Primary Vendor:

NG Natural Gas; EL Electricity; PR Propane; WD Wood; CL Coal; OL Fuel Oil

Account Number:

Home Energy Type(see list above for values):

The secondary vendor(s) are the vendor(s) for any alternate heat, electric or fuel, service you may use (may be same vendor as primary but different Energy Type):

Secondary Vendor:

Home Energy Type(see list above for values):

Account Number:

Secondary Vendor:

Home Energy Type(see list above for values):

Account Number:

Secondary Vendor:

Home Energy Type(see list above for values):

Account Number:

Does your household currently receive or have you applied for assistance with heat/utility cost from another agency? Yes No

If yes, please specify where, when and provide verification of the assistance amount:

1. Do you have Central Air Conditioning? Yes No

2. Do you have window/wall Air Conditioning (including an evaporative cooler)? Yes No

3. Has your household received a utility(energy) past due notice in the last 30 days? Yes No

4. Do you have less than 10% Deliverable Fuel(oil/propane/coal/wood) on hand? Yes No

5. Is your utility(energy) service currently disconnected? Yes No

6. Are you completely out of Deliverable Fuel (oil/propane/coal/wood)? Yes No



For Office Use Only: Application ID

Section 5 SOURCE 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"/> Tribal Income |
| <input type="checkbox"/> SNAP / Food Stamps | <input type="checkbox"/> Salaried (Wages / Tips) | <input type="checkbox"/> Worker's Comp | <input type="checkbox"/> Utility Payments (Section 8 Housing) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> Educational Grants | <input type="checkbox"/> Child Support: If paid through MT CSED, provide case #'s |
| <input type="checkbox"/> Veteran Administration | <input type="checkbox"/> Interest Income | <input type="checkbox"/> Loans | <input type="text" value=""/> |
| <input type="checkbox"/> General Assistance (includes Tribal) | <input type="checkbox"/> Pension | <input type="checkbox"/> Gifts (Money) | <input type="text" value=""/> |
| <input type="checkbox"/> Social Security (SS or SSDI) | <input type="checkbox"/> Property Income | <input type="checkbox"/> Odd Jobs | <input type="text" value=""/> |
| <input type="checkbox"/> Other: If checked, please explain in the following space: | <input type="text" value=""/> | | |

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	2013	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			

*Include copies of proof of all incomes received in the past 12 months from all sources for all members of the household regardless of the age or relationship.

*Court and non-court ordered child support payment verification must be provided as well. Social Security and SSI recipients may be required to provide a copy of SSA award letter or SSA 1099 form.



For Office Use Only: Application ID

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 to the DPHHS which is authorized to determine eligibility for Energy Assistance or Weatherization benefits. I authorize the disclosure of 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, Office of Public Assistance, and other sources which may be deemed necessary.

INFORMATION TO BE RELEASED OR DISCLOSED: Banking Information, Certificates of Deposit, Stocks & Bonds, Safety Deposit Boxes (to be opened only in the presence of the client or his/her 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: _____

X _____

Date: _____

SSN: _____



For Office Use Only: Application ID

--	--	--	--	--	--	--	--	--	--

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 POWER 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 5th 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 311 S. Virginia, Suite 2 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	FERGUS GOLDEN VALLEY JUDITH BASIN MUSSELSHELL PETROLEUM WHEATLAND	Human Resources Council, District XII 25 West Silver Street P.O. Box 3486 Butte MT 59702 533-6855/1-800-382-1325	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			

Legal Basis for Action:

MCA 53-2-201

ARM 37.70.101 ----- 37.70.902

(PLEASE READ THE SECTION ON THIS NOTICE FOR YOUR FAIR HEARING RIGHTS AND REQUEST FORM).

IMPORTANT

REQUESTING A HEARING:

This form may be used to file a fair hearing if you feel your completed application has not been acted on in a timely manner or if you disagree with an adverse action taken on your case. You may file your request with your local Low Income Energy Assistance/Weatherization Eligibility Office(L/WEO) or the Office of Fair Hearings.

FAIR HEARING STEPS:

1. Contact your local L/WEO for any assistance you feel you need in requesting a Fair Hearing.

2. Complete this form and mail this **entire document** to the: **Office of Fair Hearings
Box 202951
Helena, Montana 59620-2951**

3. You may be represented by an attorney or any other person of your choice or you may represent yourself. If you cannot afford an attorney, you may be able to receive representation from Montana Legal Services. Call, toll free, 1-800-666-6124.

4. The Office of Fair Hearings will direct your local L/WEO to schedule an informal Administrative Review to discuss your case. At that time you will be able to present your facts and any law you have to support your case, and the Department will do the same. The possibilities of settlement will be explored. You must then sign a form indicating the outcome of the Administrative Review which must be returned to the Office of Fair Hearings.

5. If at any time, you wish to withdraw your request for a Fair Hearing, you may do so by sending a written and signed letter to the Office of Fair Hearings.

6. If your case was not resolved by the Administrative Review, then a Fair Hearing will be conducted by an impartial Hearings Officer appointed by the State of Montana. You will be mailed a certified letter notifying you of the date, time, and place of the hearing and other pertinent information.

DO NOT COMPLETE THIS UNLESS YOU WISH TO FILE A FAIR HEARING.

ENERGY ASSISTANCE REQUEST FOR FAIR HEARING

CLAIMANT'S NAME:	SOCIAL SECURITY NO:	PHONE:
STREET ADDRESS:	CITY:	ZIP CODE:

This is to request a fair hearing. I am making this request because: _____

I have an attorney: Yes No My attorney's name is: _____

His/her address is: _____ His/her phone number is: _____

If you are requesting a hearing because of a reduction or termination in benefits, please check one of the following:

() I want to continue receiving the benefits I now receive until the hearing. If I lose the hearing I will repay any excess benefits I receive.

() I do not want to continue receiving the benefits I now receive until the hearing. If I win the hearing I will be restored any benefits I lost.

Complete this form and mail the **entire document** , to the **Office of Fair Hearings, Box 202951, Helena, Montana 59620-2951**, or submit it to your local L/WEO. If you wish, please keep a copy for your records.

(Claimant or Authorized Representative)

(Phone)

(Date)