



**BUILDING A  
BETTER  
COMMUNITY**



thehrdc.org

Energy Share of Montana (ESOM) is a non-profit organization whose programs are administered by the Human Resource Development Council, (HRDC) and funded through private donations and loan repayments. ESOM assists households who are experiencing energy emergencies with their power needs (natural gas, electric, propane costs and utility deposits.) ESOM also has limited loan funds to assist homeowners with furnace and water heater repairs. To apply for energy share you must be either without, or soon to be without, hot water, heat or power or have a disconnect notice and have no resources to remedy the situation.



e: hello@

Energy Share is a once-in-a-lifetime interest free loan; although, additional loan funds may be extended if the applicant meets all loan criteria and is making regular loan payments. Instead of income limits, Energy Share considers the entire household's current income, expenses, utility payment history, and the circumstances that have caused the energy crisis. An advisory board reviews and makes the final determination on all ESOM loan requests and this process generally takes several days. An applicant who is without heat or power may need to make temporary housing arrangements during the application process.

## **TO APPLY FOR ENERGY SHARE**

- 1.** Complete the entire **6 Page** application. Include anyone residing in the house at the time of application.
- 2.** Provide income verification for the previous 6 months for ALL household members 18 years of age and older.
- 3.** If your request is for help with utilities provide a copy of the bill you are seeking assistance towards. If you are seeking assistance for propane, provide a statement from your vendor that includes the price per gallon, minimum delivery, and your purchase/payment history. If you have a disconnect notice please provide a copy.
- 4.** Complete the monthly expense sheet with household obligations and how much you have paid on them.
- 5.** Letter of circumstance. Please answer all of the questions on this page and be specific about the circumstances that have led you to ask for help (i.e. :medical emergencies, moving expenses, death, work injury, job loss or wage decrease, etc.) and what is changing for your household so monthly energy and ESOM loan payments will be made.
- 6.** Repayment agreement. Applicants must fill out the entire sheet and all adult household members must sign.

## ENERGY SHARE OF MONTANA APPLICATION

Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone Number (s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Circle Housing Type: Mobile Home, Dbl Wide Mobile, Multi family, Single Family

Amounts of Monthly Income (verification is required) Wages \$ \_\_\_\_\_ TANF\$ \_\_\_\_\_ SS/SSI/SSDI\$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_  
 Gift Income\$ \_\_\_\_\_ Food Stamps\$ \_\_\_\_\_ Work Comp\$ \_\_\_\_\_ Pension\$ \_\_\_\_\_ Tribal Monies \$ \_\_\_\_\_ Loans \$ \_\_\_\_\_ Annual Self Employment \$ \_\_\_\_\_

FIRST NAME, LAST NAME, MIDDLE INTIAL	SOCIAL SECURITY NUMBERS	FAMILY STATUS	BIRTH DATE	AGE	GENDER	HISPANIC	RACE	VETLAN	DISABLED	TRIBE MEMBER	HEALTH INSURANCE TYPE	IN LITERACY TRAINING	IN SCHOOL	Highest Grade Completed	STATUS EMPLOYMENT
		HEAD													

PLEASE CIRCLE YOUR ANSWERS: Do You: Own or Rent Monthly Payment \$ \_\_\_\_\_ If Subsidized Amount of Subsidy \$ \_\_\_\_\_ Received LIEAP \$ \_\_\_\_\_

Heating Type: Nat Gas Electric Propane Fuel Oil Other: \_\_\_\_\_ Have You Received an ESOM Loan Previously? Yes No When \_\_\_\_\_

Repaid Amount \$ \_\_\_\_\_ Amounts in Checking, Savings, etc. \$ \_\_\_\_\_ Medical Expenses PAID in past 12 months \$ \_\_\_\_\_

ESOM Needed for (Vendor) \_\_\_\_\_ Amount Needed \$ \_\_\_\_\_ Account # \_\_\_\_\_ Amount you will repay monthly \$ \_\_\_\_\_

**ENERGY SHARE OF MONTANA RELEASE OF CONFIDENTIAL INFORMATION  
and WAIVER OF LIABILITY**

**AUTHORIZATION TO ENERGY SHARE OF MONTANA 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 Energy Share of Montana (ES) and/or to any agent or contractor of ESOM which is authorized to determine eligibility for Energy Assistance benefits. I authorize the disclosure or release of any information relevant to my eligibility for Energy Assistance 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 ES 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.

I understand this HRDC, Energy Share, and the local Energy Share Committee may have access to this information. I understand that the decision of the Local 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 that delay my application and/or result in denial. I understand by signing below that I authorize this HRDC to enter the information on this application in the Central Database System. Only this HRDC and Energy Share access this information. This release of information is in effect for one year after the date below.

Applicant Signature

Signature of all other Household Members age 18 or Older:

X \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

Monthly Expenses	Monthly Obligation	Amount Actually Paid Monthly	Amount Owed (If Applicable)
Rent or Mortgage	\$	\$	\$
Heat	\$	\$	\$
Lights	\$	\$	\$
Water/Sewer/Garbage	\$	\$	\$
Phones	\$	\$	\$
Cable/Internet	\$	\$	\$
Credit Cards	\$	\$	\$
Non Medical Insurance (House/Car)	\$	\$	\$
Medical Insurance	\$	\$	\$
Medical Bills	\$	\$	\$
Child Care	\$	\$	\$
Food	\$	\$	\$
Clothing and Other	\$	\$	\$
Entertainment	\$	\$	\$
Loans Specify	\$	\$	\$
Other Specify	\$	\$	\$
Other Specify	\$	\$	\$
Other Specify	\$	\$	\$
Other Specify	\$	\$	\$
Other Specify	\$	\$	\$

**LETTER OF CIRCUMSTANCES- Explain to the ESOM Board why you need an ESOM Loan. Incomplete applications will not be considered. What unforeseen emergency caused you to be unable to pay your energy obligation? (Medical, moving expenses, death, work injury, job loss, wage decrease)**

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**When did you last make a payment on your energy bill? \_\_\_\_\_ If you have not made a payment every time a payment is due, explain why.**

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**Have you contacted the utility company regarding the past due bill or set up payments arrangements and what are the terms of the arrangement? \_\_\_\_\_**

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**What will change in your life so that you will be able to pay your energy obligations monthly and repay the ESOM Loan? \_\_\_\_\_**

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**ENERGY SHARE OF MONTANA LOAN REPAYMENT AGREEMENT**

My Household has applied to the Human Resource Development Council for an Energy Share of Montana (ESOM) Loan. If my loan request is funded I understand that:

- 1. ESOM is a loan and everyone in my household who signed the application is responsible for the repayments.
- 2. My zero interest loan request is for \$\_\_\_\_\_ and my repayments will go towards assisting another household.
- 3. Energy Share is a different program than the winter heat bill assistance program, the Low Income Energy Assistance Program (LIEAP). I know about LIEAP and agree to apply for a grant during the time period of October through April and understand that **failure to apply for LIEAP is grounds for denial of future ESOM assistance. If you have questions on LIEAP please ask.**
- 4. I have agreed to make monthly repayments to ESOM in the amount of \$\_\_\_\_\_. I understand that if I do not pay at least \$20 monthly I may be denied further ESOM loans. I understand that payments cannot be made in cash and must be mailed to the ESOM Office in Helena, not the HRDC Office. I can receive payment envelopes from the HRDC by calling 585-4866.
- 5. I agree to make a payment on my energy bill every time a payment is due rather than trying to play catch up. Future ESOM requests will consider my payment history.

Applicant Signature

Signature of all other Household Members age 18 or Older:

X \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

**ESOM PAYMENT ADDRESS**

**ESOM  
PO BOX 5959  
HELENA, MT 59604-5959**

HRDC OFFICE  
111 SOUTH 2ND  
LIVINGSTON, MT 59047  
PHONE: 333-2537  
hello@thehrdc.org

**CONTACT THE HRDC THROUGH**

HRDC OFFICE  
32 SOUTH TRACY AVE  
BOZEMAN, MT 59715  
PHONE: 587-4486  
[hello@thehrdc.org](mailto:hello@thehrdc.org)

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101 FIRST AVE SE  
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506-547-365 mcsc@itstriangle.com