



# Energy Share of Montana

Because you care, there's Energy Share

Energy Share was established by a group of concerned people representing utility companies and nonprofit agencies. They recognized the need to help people who don't necessarily qualify for government programs but still need a "hand up" at times.

Energy Share is a private non-profit organization, not a government program. In order to efficiently administer our program we still need to take applications, but the difference is every situation presented within those applications to Energy Share is considered individually. Help is given based on the need. We consider income but because of our funding sources, we have a little more flexibility to help people than do most government programs.

Energy Share is an interest-free loan assistance, not a yearly subsidy.

**Recipients are asked to repay their assistance back**, which in turn helps others' facing similar energy emergencies. Every Energy Share application is considered on an individual basis and determination is made in strict confidentiality and anonymously.

Applications are reviewed by a local committee. HRDC personnel take applications, review them for completion, and work with the committees to determine application approval.

The committees are made up representatives from local utility companies, electric cooperatives, senior citizen population, local schools, local churches, low income population, and minority population(s). The HRDCs and local committees work within broad contractual guidelines to award assistance to Montanans facing energy emergencies.

Income is taken into consideration, but because we're privately funded we aren't restricted to certain income guidelines. The need of the household, history of paying heating bill, level of emergency and available funds are all factors that weigh heavily when determining who will receive Energy Share assistance.

**PRIOR TO APPLYING, HAVE YOU TRIED MAKING A PAYMENT ARRANGEMENT WITH YOUR HEAT VENDOR??**

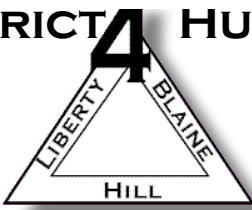
**"This is an Equal Opportunity Provider and Employer."**



[www.energysharemt.com](http://www.energysharemt.com)  
[www.facebook.com/heat.assistance.havre](http://www.facebook.com/heat.assistance.havre)



# DISTRICT 4 HUMAN RESOURCES DEVELOPMENT COUNCIL



2229 FIFTH AVENUE HAVRE, MT 59501  
PHONE: (406) 265-6743 FAX: (406) 265-1312  
[www.hrdc4.org](http://www.hrdc4.org)

*"PEOPLE HELPING PEOPLE HELP THEMSELVES"*

## PROGRAMS

CHILD CARE LINK

DOMESTIC ABUSE  
PROGRAM

EMPLOYMENT & TRAINING  
HILL CO MENTORING

EARLY HEAD START

ENERGY &  
WEATHERIZATION

ENERGY SHARE

FOOD BANK

HEAD START

HOUSING ASSISTANCE

## Energy Share Instructions

Page 1: Fill out entire page with information pertaining to your living situation.

Page 2: Read the paragraph regarding the release to Energy Share or its agents. Sign & date.

Page 3:

- ✓ Completely fill out the "Monthly Budget" expenses and the "Monthly Income" portion
- ✓ You must provide proof of income for each source.
- ✓ Under "Statement of Need" explain in detail why you could not pay your energy bill

Page 4: Fill in the blanks on upper portion of repayment agreement & sign and date

Page 5: Read the "Release of Confidential Information", EACH household member listed on page one over the age of 16, must sign, date, and provide social security number.

## Processing Your Application:

- ✓ **ALL** mandatory items listed must be submitted or **your application will BE RETURNED**
- ✓ Your application must be completed in its ***entirety & signed***
- ✓ We must have the original, signed application. **INCOMPLETE APPLICATIONS WILL BE RETURNED AND WILL DELAY IN PROCESSING**
- ✓ ***(NO photocopied or faxed versions allowed)***

## Mandatory Documents:

### **Mandatory documents required:**

- ☐ Original & signed application or *your application will not be processed*
- ☐ Current utility bill (if propane, a letter from vendor stating you are a customer)
- ☐ Disconnect Notice (If you do not have notice, the actual disconnect date must be provided)
- ☐ Social Security cards for ALL HOUSEHOLD MEMBERS, regardless of age or relationship.
- ☐ Photo ID for everyone 16 years and older, regardless of relationship.
- ☐ Verification of all income (earned and unearned incomes)
- ☐ Medical documentation (*If your need for Energy Share is due to medical/health reasons, please submit proof of medical situation, i.e., physicians notice, medical bills, etc.*)

**COMMITTEE MEETS: EVERY TUESDAY at 2PM (May 1 – Sep 30)**  
**EVERY OTHER TUESDAY AT 2PM (Oct 1 – Apr 30) :**

**Return completed application & all mandatory documents by: Fridays by NOON**

**INCOMPLETE APPLICATIONS WILL BE RETURNED AND WILL DELAY IN PROCESSING**



# Energy Share of Montana Application Form

CDS: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

HOUSING TYPE: ☐ House ☐ Dbl Wide Mobile ☐ Single Wide Mobile ☐ Apt or Duplex # of Bedrooms \_\_\_\_\_ Email (Optional): \_\_\_\_\_

Monthly Household Income: ☐ Wages/Salary \$ \_\_\_\_\_ ☐ TANF \$ \_\_\_\_\_ ☐ SS/SSI \$ \_\_\_\_\_ ☐ Child Support \$ \_\_\_\_\_ ☐ U.I \$ \_\_\_\_\_

☐ Other income (please list source and amount) \_\_\_\_\_ ENROLLED TRIBAL MEMBER ☐ Yes ☐ No

## HOUSEHOLD MEMBER INFORMATION (please list ALL MEMBERS regardless of age or relationship)

Last Name	First Name	Alias (other names used)	Social Security Number	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	Type of Health Ins	In Literacy Training	Currently In School	Highest Grade Complete	Employment Status  FT: PT: NE (Not Employed); RT (Retired)	
1				HEAD						Y N	Y N	Y N		Yes No	Yes No		
2										Y N	Y N	Y N		Yes No	Yes No		
3										Y N	Y N	Y N		Yes No	Yes No		
4										Y N	Y N	Y N		Yes No	Yes No		
5										Y N	Y N	Y N		Yes No	Yes No		
6										Y N	Y N	Y N		Yes No	Yes No		
7										Y N	Y N	Y N		Yes No	Yes No		

## PLEASE CIRCLE YOUR ANSWERS:

Do you: OWN RENT Monthly Rent Payment \$ \_\_\_\_\_ Receive Subsidy? YES \$ \_\_\_\_\_ NO Received LIEAP/Tribal Assistance: YES \$ \_\_\_\_\_ NO

MAIN Heat Fuel: Natural Gas Electric Propane Fuel Oil Wood Other: \_\_\_\_\_ Home been weatherized? YES NO Do not know When? \_\_\_\_\_

Received Energy Share before? YES NO When? \_\_\_\_\_ Have you repaid it? YES NO Assets (cash, checking, savings, etc.) \$ \_\_\_\_\_

Medical Expenses paid this year: \$ \_\_\_\_\_ Do you still owe? YES NO Applied elsewhere for assistance? 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 Read and Sign and Date

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 the application must include information for all individuals living in the household regardless of age or relationship and whether or not you consider them a household member and including all gross income and resources. 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 into the Central Database System. Only this agency and its funding sources can access this information. Your application will not be processed if all information, signatures and this original application are not submitted.

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

\_\_\_\_\_  
Date

**“ This is an Equal Opportunity Provider and Employer.”**

## Additional Household Members *(Continued from page 1)*

Last Name	First Name	Alias (other names used)	Social Security Number	Relationship to Head of Household	Birth Date				Age	Gender	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 Ins	In Literacy Training	Currently In School	Highest Grade Complete	Employment Status  FT: PT: NE (Not Employed); RT (Retired)
8				HEAD							Y N		Y N	Y N		Yes No	Yes No		
9											Y N		Y N	Y N		Yes No	Yes No		
10											Y N		Y N	Y N		Yes No	Yes No		
11											Y N		Y N	Y N		Yes No	Yes No		
12											Y N		Y N	Y N		Yes No	Yes No		
13											Y N		Y N	Y N		Yes No	Yes No		
14											Y N		Y N	Y N		Yes No	Yes No		

Energy Share of Montana  
2229 5<sup>th</sup> Avenue  
Havre, Montana 59501  
265-6743 or 1-800-640-6743



**Monthly Household Expenses:**

Rent :  
House Pymnt :  
Heat & Lights :  
Water :  
Groceries :  
Hospital/Medical:  
Transportation :  
    Car Pymnt :  
    Insurance :  
    Gas :  
Cellular :  
Home Phone :  
TV/CABLE :  
Health Insurance:  
Other (Specify) :

**Monthly Household Income:**

**(Provide proof of ALL income)**

Wages/Odd Jobs :  
Soc. Sec/SSI :  
Alimony :  
TANF/Tribal TANF :  
General Assistance :  
Self Employment :  
Unemployment :  
Work Comp :  
Child Support :  
VA :  
Section 8 Payments :  
Retirement/Pension:  
Food Stamps/SNAPS:  
Other (Specify) :

**STATEMENT OF NEED: (BE AS DETAILED AS POSSIBLE)**

Please describe the circumstances or events that have prevented you from paying your energy bill **(TELL US WHAT HAPPENED THAT YOU COULDN'T PAY IT.** Provide as much detail as possible as this is the basis the committee will use to determine your eligibility. You may use the back of this sheet. **(For example, I was not able to pay my bill because I lost my job two months ago and my unemployment was only enough to pay my rent.) (If you had/have no income, please explain your means of survival. How did you pay your bills, food, etc.):**

**If you haven't made a payment arrangement with your vendor, please state why you haven't:**

Energy Share of Montana  
2229 5<sup>th</sup> Avenue  
Havre, Montana 59501  
265-6743 or 1-800-640-6743



## REPAYMENT AGREEMENT

I, \_\_\_\_\_, agree to repay Energy Share \$ \_\_\_\_\_ per month to  
repay my Energy Share loan, if approved. My first reimbursement payment will be \_\_\_\_/\_\_\_\_/\_\_\_\_.  
I will repay this amount each month until this loan is repaid.

***I understand if I am approved, and do not repay this loan, I could be denied for future Energy Share assistance, regardless of emergency. A record of my payments will be documented in the state system. It is my responsibility to repay this loan.***

× \_\_\_\_\_  
Signature

× \_\_\_\_\_  
Date

**If approved, the Loan Amount is shown below. Keep this log to track your repayments. Paying your**

**loan:** Please make check or money order payable to **ENERGY SHARE** and mail it to the address listed above. You  
may also make cash payments to the front desk at the HRDC office, and the receptionist can give you a receipt.

Loan Amount	Reimbursement Payment	Date Paid to HRDC	Balance



[www.energysharemt.com](http://www.energysharemt.com)  
[www.facebook/heat.assistance.havre](https://www.facebook.com/heat.assistance.havre)

## ENERGY SHARE OF MONTANA RELEASE OF CONFIDENTIAL INFORMATION AND WAIVER OF LIABILITY



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 ES 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 Services, 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, Certificated 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, Montana Department of Public Health and Human Services and the local Energy Share Committee may have access to this information. I agree to hold this HRDC, Energy Share, and the local Energy Share Committee harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees, as a result of a denial of my application in whole or in part. 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 signed below that I authorize this HRDC to enter the information on this application in the Central Database System. Only this HRDC, Energy Share and the Montana Department of Public Health and Human Services access this information. This release of information is in effect for one year after the date below. I certify the information provided herein is true, complete and correct to the best of my knowledge. I understand the final decision of this Local Policy Committee is final and may not be appealed to the state Board of Directors.

### 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, regardless of relationship:

X \_\_\_\_\_ Date: \_\_\_\_\_ SSN: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_ SSN: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_ SSN: \_\_\_\_\_