TRIBAL WEATHERIZATION

□ Fort Belknap  □ Rocky Boy

WEATHERIZATION PROGRAM APPLICATION

Please provide a copy of your LIEAP Eligibility Paperwork

Household Address Information:

This application is for weatherization for the dwelling resided in at the time of application. **If there is a move before approval is made, you must re-apply.**

Physical Street Address

<table>
<thead>
<tr>
<th>Mailing Address</th>
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<tbody>
<tr>
<td>City</td>
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<tr>
<td>Home Phone</td>
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</table>

Living on the Reservation:  □ Yes  □ No  Tribal Member:  □ Yes  □ No

HOUSEHOLD INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle I</th>
<th>Social Security Number (SSN)</th>
<th>Relationship to Head of Household</th>
<th>Age</th>
<th>Gender</th>
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Total Number of Persons in home: ___________________________

ONLY COMPLETED AND SIGNED APPLICATIONS WILL BE PROCESSED

Do you?  □ Own  □ Rent  If renting, please provide the following:

Landlord Name: ___________________________________________  Phone No: ______________________

Address: ___________________________________________  City/State/Zip: ______________________
TRIBAL WEATHERIZATION

Housing Type: (Please check one)
☐ House  ☐ Mobile Home  ☐ Apartment/Duplex

Number of Bedrooms: (Please check one)
☐ One  ☐ Two  ☐ Three  ☐ Four or more

What type of heat does your household use as your main heat source?
☐ Natural Gas  ☐ Propane  ☐ Coal  ☐ Electricity  ☐ Wood  ☐ Fuel Oil

Who is your main heat vendor?
☐ NorthWestern Energy  ☐ Other ___________________________  Account Number: ________________________

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 serviced (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 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.

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 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: ____________________________
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X ____________________________ Date: __________ SSN: ____________________________
**Agency Intake Form**

**Household Address Information**

- City: 
- State: 
- Zip: 
- Housing: [ ] Multi Family [ ] Single Family [ ] Mobile Home [ ] None [ ] On Reservation

- Home Phone: 
- Work Phone: 
- Message Phone: 
- Contact Name: 
- Email Address: 

**Household Member Information**

<table>
<thead>
<tr>
<th>Last Name, First Name, MI</th>
<th>Social Security Number</th>
<th>Relationship to Head of Household</th>
<th>Birth Date M / D / Yr</th>
<th>Sex</th>
<th>Race</th>
<th>Head of House</th>
<th>Tribal Member</th>
<th>Veteran</th>
<th>Disabled</th>
<th>Health Insurance</th>
<th>Employment Status Codes Below</th>
<th>Last Grade Completed</th>
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**Race Codes:**

- N = Native American/Alaskan
- A = Asian or Pacific Islander
- B = Black/Not Hispanic
- H = Hispanic
- W = White – Not Hispanic
- O = Other
- U = Unknown

**Employment Status Codes:**

- N = Not Employed
- F = Full-Time Employment
- P = Part-Time Employment
- R = Retired/Not Working

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HRDC does not discriminate against any person on the basis of age, sex, race, religion, national origin, sexual orientation, gender identity or disability with respect to employment, volunteer participation or the provision of services.

(Form Revised 10/22/2012)
GROSS INCOME AND BENEFITS OF ALL HOUSEHOLD MEMBERS

Check all income sources that apply to any/all members of your household.

- Employment/Wages
- TANF (AFDC, FAIM)
- Medicare
- Interest Income
- Odd Jobs
- Self Employment
- General Assistance
- Social Security
- Rental Income
- Other
- Unemployment
- SSI
- Child Support/Alimony
- Educational Grants
- Other
- Worker's Comp
- SNAP (Food Stamps)
- VA
- Retirement Income

Enter the requested information for all household members, regardless of age or relationship.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Wages, Salaries, etc.</th>
<th>Social Security, Pensions, Etc.</th>
<th>Public Assistance (list type)</th>
<th>Other Income (list amount &amp; type)</th>
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READ CAREFULLY BEFORE SIGNING.
IF YOU DO NOT UNDERSTAND SOMETHING, ASK YOUR HRDC STAFF WORKER

- The collection of personal information on program participants is essential to the provision of services at District 4 HRDC: information is collected and stored in the agency Central Database System. Information may be used by HRDC programs to determine eligibility. I further understand that information contained on this application can be used in DPHHS electronic database for the determination of eligibility for programs and/or to record services provided to my household for federal and/or state reporting purposes. If you have questions or need help filling out this form please speak to you HRDC case manager or staff providing you with assistance.
- The information I (we) give here is subject to verification by HRDC staff. If false information is knowingly provided eligibility for services may be jeopardized.
- I certify that all my answers are correct and complete to the best of my knowledge, including information about each household member.

Head of Household Signature ______________________ Date __/__/____

STAFF MEMBER PLEASE PRINT LAST NAME HERE: