



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 M D Y	AGE	GENDER Y/N	HISPANIC Y/N	RACE	VETERAN Y/N	DISABLED Y/N	Type of Health Insurance	Currently in Literacy Training Yes/No	Currently in School Yes/No	Highest Grade Completed	Employment Status
01			HEAD												
02															
03															
04															
05															
06															
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

