



DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES

STATE OF MONTANA

Low Income Energy Assistance Program (LIEAP) and Weatherization Application

To apply for the LIEAP program, this application must be completed and returned to your local LIEAP office by **April 30, 2020**. LIEAP heat assistance applications will NOT be accepted after April 30, 2020. However, you can apply for Weatherization all year. LIEAP and Weatherization benefits are only for the dwelling you live in at the time of application. If you move any time after applying, please contact your LIEAP/ Weatherization office.

Complete each section of the LIEAP/Weatherization application. You must also provide verification of all identities, incomes, resources, heat bill and electric bill. (see table at right).

Your LIEAP/Weatherization application cannot be processed without this verification.

LIEAP/Weatherization eligibility will be determined based upon the circumstances at the time of application.

If you or a household member is over the age of 60, or a person with a disability, call 1-800-551-3191 for help filling out this application.

Application submitted in month of:	Provide income verification for the months of:
August 2019	February 2019 through July 2019
September 2019	March 2019 through August 2019
October 2019	April 2019 through September 2019
November 2019	May 2019 through October 2019
December 2019	June 2019 through November 2019
January 2020	July 2019 through December 2019
February 2020	August 2019 through January 2020
March 2020	September 2019 through February 2020
April 2020	October 2019 through March 2020

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 LIHEAP office for assistance. Native American household members who live on the Crow reservation should contact District VII Human Resource Development Council (Billings) for assistance.

Send completed LIEAP/Weatherization applications and all required documentation to your local LIEAP/Weatherization office.

Failure to provide all requested information and verifications will delay the eligibility determination and may result in application denial.

The last page of this application lists the addresses for each local LIEAP office.

APPLICANT RIGHTS

- To inquire and be informed about benefits, conditions of eligibility, scope of the program and related services available, and regular and emergency benefits.
- To be determined eligible or ineligible based upon the information and corresponding documentation provided with 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. This is an equal opportunity program. Discrimination is prohibited.

Fair Hearing Rights:

If the completed application has not been acted on in a timely manner or if you disagree with any adverse action taken on your case you may request a fair hearing. A fair hearing request may be filed with your local Low Income Energy Assistance/Weatherization Eligibility Office or the Office of Fair Hearings. The Office of Fair Hearings address is:

Office of Fair Hearings - Box 202953 - Helena, Montana 59620-2953

Use the codes below to complete **Section 1 - Households Members** section on the next page.

<u>Relationship:</u>	<u>Race Status:</u>	<u>Work Status:</u>	<u>Health Insurance Status:</u>
SP/SO - 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	(Multiple Selections Allowed) 1 - White 2 - Black/African American 3 - American Indian/Alaska Native 4 - Asian 5 - Native Hawaiian/Pacific Islander <u>Highest Grade Completed:</u> 0 - 11 - Grades GED - GED-Completed HS - High School Diploma 12+ - Grade 12 + some Post-Secondary AS - 2 Year College Graduate VT - Vo-Tech Graduate BA - 4 year College Graduate MS - Graduate other post-secondary schl	FT - Full-Time PT - Part-Time SW - Seasonal Worker US - Unemployed, short-term, 6 months or less UL - Unemployed (Long-Term, more than 6 months) NE - Not Employed (Not in Labor Force) R - Retired/Not Working NA - Not Applicable <u>Military Status</u> V - Veteran AM - Active Military NA - Not Applicable	MA - Medicaid MC - Medicare PV - Private (Direct Purchase) CH - Healthy Montana Kids HA - State Health Ins for Adults VA - Veterans Administration EB - Employment Based OT - Other NN - None / Unknown <u>SNAP:</u> Yes or No <i>NOTE: Entries for gender, Hispanic, and race are not required.</i>
<u>Hispanic Status, US Citizen, Tribal Member, Disabled:</u> Yes or No			

Provide all requested information for all persons living in the house regardless of relationship whether or not you consider them a household member.

Section 1 HOUSEHOLD MEMBERS

List everyone who lives in the home. Attach another sheet for additional household member information if needed.

How many people live in this residence? _____ List everyone below	Alias or Maiden Name (Other Names Used)	Relationship to Head of Household	Social Security Number (SSN)	Birth Date MM/DD/YY	Age	Gender	Hispanic	Race	U.S. citizen	Tribal Member	Military Status	Disabled	Health Insurance	Highest grade Completed	Work status	Registered Alien	SNAP
01		SELF															
02																	
03																	
04																	
05																	
06																	
07																	
08																	

COLLEGE STATUS (provide copies of all financial aid award letters)

Has any member of the household been enrolled at least half-time in a college or university in the last 6 months? Yes No
If yes, which household members? _____

If yes, include a copy of all financial aid received. Which quarters or semesters did they attend? _____

If yes, was that person claimed last year as a dependent for Federal income tax purposes by someone in another household? Yes No

TRIBAL STATUS (see page 1 regarding Native American LIEAP applicants)

List each Tribal Member/Direct Descendant's tribal affiliation(s): _____

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 LIHEAP office for assistance. Native American household members who live on the Crow Reservation should contact District VII Human Resource Development Council (Billings) for assistance.

VETERAN STATUS

Do any Veteran household members receive VA compensation? Yes No If yes, provide a copy of VA award letter.

WEATHERIZATION

Do any household members have health conditions to take into consideration for weatherization of the residence? Yes No

If yes, which household members? _____

If yes, list conditions. If you need additional space, include a separate piece of paper. _____

CHILD STATUS (Provide Child Support case #s and verification)

Does each child listed on the application live in this home more than 50% of the time? Yes No

Is there an active Child Support order for any of the children listed on the application? Yes No If yes, from what state? _____

Has a household member received support (even if not ordered) in the past 6 months for any child listed on the application? Yes No

For any yes answers, specify which child(ren) _____

If all members of your household receive SNAP benefits, you may be exempt from providing some of the documentation requested. Contact your local office for more information.

Section 2 HOUSEHOLD ADDRESS INFORMATION

This application is for LIEAP Benefits/Weatherization for the dwelling resided in at the time of application. If you move before approval, you must reapply.

Physical Address: where you are currently living: (utility/fuel service address):

City _____ County _____ MT Zip Code _____

Mailing Address or PO Box: (if different from residence):

City _____ State _____ Zip Code _____

What date did you move to this address? _____ If after 10/1/2019, did you move here from out of state? Yes No
 Were you responsible for heating costs at your prior location? Yes No
 Is this property located within the boundaries of a Native American reservation? Yes No

Home Phone: _____ Message Phone: _____ Cell Phone: _____ Other Phone (Specify) _____

Section 3 HOUSING TYPE INFORMATION

<p>Housing type: (check one)</p> <p><input type="checkbox"/> Mobile Home</p> <p><input type="checkbox"/> Double-Wide Mobile Home</p> <p><input type="checkbox"/> House – Modular (Single Family)</p> <p><input type="checkbox"/> Apartment or Duplex, etc. *</p> <p><input type="checkbox"/> NonTraditional Housing (Camper or RV)</p>	<p>Number of bedrooms: (check one)</p> <p><input type="checkbox"/> One <input type="checkbox"/> Four</p> <p><input type="checkbox"/> Two <input type="checkbox"/> Five</p> <p><input type="checkbox"/> Three <input type="checkbox"/> Six</p>	<p>Rent or Own Home:</p> <p><input type="checkbox"/> Own Home</p> <p><input type="checkbox"/> Rent Home</p> <p>Year Home was built? _____</p>	<p>Rent Mobile Lot:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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(*If apartment, number of units in building: _____)

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

Landlord Name _____ () Phone Number _____

Address _____ City/State/Zip _____

Does your rent include heating costs? Yes No Do you receive governmental rent assistance? Yes No

Section 4 HOME ENERGY INFORMATION

Main Home Energy Service (Mark One)
<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Electric
<input type="checkbox"/> Propane
<input type="checkbox"/> Fuel Oil
<input type="checkbox"/> Wood
<input type="checkbox"/> Coal
Main Vendor _____
Account Number _____

Other Heat Service (Mark all that apply)
<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Electric
<input type="checkbox"/> Propane
<input type="checkbox"/> Fuel Oil
<input type="checkbox"/> Wood
<input type="checkbox"/> Coal
Additional Vendor _____
Account Number _____
Additional Vendor _____
Account Number _____

Electricity Provider _____
(If not identified above) _____ Electric Provider

_____ Account Number
 None Off-Grid

If your heat or electric bill is not in a household member's name, who's name is on the bill? _____
In the past year has your household applied for or received assistance with heat/utility costs from another agency? Yes No
If yes, please specify where, when and provide verification of the assistance amount: _____

A copy of your most recent HEAT & ELECTRIC bill(S) showing NAME, current ADDRESS and ACCOUNT NUMBER(S) must be attached. If your main heat source is oil or propane and you do not have a bill; obtain a letter of service from your supplier. If your main heat is wood or if your main heat is included in your rental payment or is not in your name; contact your local office as you may need an additional form.

Do you have Central Air Conditioning? Yes No

Do you have Window/Wall Air Conditioning (including evaporative cooler) Yes No

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

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

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

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

If your furnace or main heat is not working properly, describe: _____

(Other help or assistance may be available)

Section 5 SOURCES OF INCOME

Please check **ALL** the following sources of income that have been received by **ALL MEMBERS** of your household within the past 6 months.

- TANF (includes Tribal)
- SNAP / Food Stamp
- Supplemental Security Income
- Veteran Administration
- General Assistance (includes Tribal)
- Social Security
- Financial Aid
- Child Support: If paid through MT CSED, provide case #'s _____
- Other: If checked, please explain in the following space: _____

- Self Employment
- Wages / Tips (Salary)
- Unemployment
- Interest Income
- Odd jobs
- Property Income
- Non-Cash Income
- Alimony Payments
- Worker's Comp
- Educational Grants
- Loans
- Gifts (Money)
- Pension/Retirement Income
- Utility Payment (Section 8 Housing)

If anyone in your household pays premiums for health, dental, or optical insurance, provide verification of those payments for the prior 6 months for a possible reduction to your countable income.

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 six (6) months.

Month	Sources and Amounts of Gross Income (Specify each source and who received it.)	Total Gross Income for Month
EXAMPLE: October	EXAMPLE: Joe-ABC Company \$650; Jane-SS \$500; Jane-Child Support-\$250	\$1,400
1		
2		
3		
4		
5		
6		

If there is any TIME of zero (0) income, please explain your means of survival.

COPIES OF DOCUMENTATION TO VERIFY ALL GROSS INCOME MUST BE INCLUDED

Section 7 RESOURCES AND BUSINESS EQUITY

Please answer all questions for each of the resources listed below for all household members regardless of relationship. If the resource listed does not apply to your household, please print "None" under each section headed "FINANCIAL INSTITUTION".

RESOURCE You must provide full bank statements or other verification of all resources	FINANCIAL INSTITUTION	CURRENT VALUE
1. Cash on Hand: \$ _____ Savings Account(s): \$ _____ Checking Account(s): \$ _____		\$
2. Certificates of Deposit – Individual Retirement Accounts - Tax Sheltered Annuities - 401(K); 403(B) or any other retirement account		\$
3. Cash value of stocks, bonds and other investments		\$
4. Value of business assets, rental properties or property leases. (Self-employed households must provide this information).		\$
5. Physical address(es) and County of property/real estate other than the home in which you live and its adjoining land.		\$
6. If you sold any real estate property within the past 12 months, provide closing settlement papers and specify if it was your primary residence.		

COMMENTS: If you wish to make any comments regarding any special situation, or you wish to clarify any of your responses, please do so in the space provided below. If you need additional space, please use a separate piece of paper.

Section 8 AUTHORIZATION

READ THE FOLLOWING. 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. 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.

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 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 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.

X _____ Date: _____ SSN: _____

Signature of head of household. If signing on a person's behalf provide a copy of Attorney or authorization.

X _____ Date: _____ SSN: _____

X _____ Date: _____ SSN: _____

X _____ Date: _____ SSN: _____

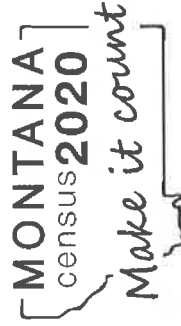
Signatures of all other household members age 16 or older.

APPLICANT CHECKLIST

Make sure you have done the following things:

- Completed all spaces on the application, especially Income in Section 5 and each Resource line in Section 7.
- Completed physical and mailing address information.
- Ensured that all people who reside in the dwelling are included on the application.
- Ensured that all household members age 16 or older have signed Section 8.
- Included a copy of your most recent heat and electric bill(s).
- Included verification of all gross incomes received in the past 6 months, from all sources, for all members of the household regardless of the age or relationship.
- Included full bank statements for all open bank accounts and verification of other resources including Reliacard, Direct Express, and employer payroll cards for all household members.
- Included photo identification for all household members 18 or older and photo identification or birth certificates for all household members younger than 18.
- Included Social Security Numbers (SSNs); or if any household member does not have a SSN; included proof of citizenship or lawful entry into the US with the intent of establishing permanent residency; for all household members.
- Checked the address list on the last page for mailing your completed application to the correct LIEAP eligibility office.
- If anyone in your household pays premiums for health, dental, or optical insurance, provide verification of those payments for the prior 6 months for a possible reduction to your countable income.

NOTE: You should receive a letter within 45 days telling you whether you are eligible after we receive your completed application. Your application cannot be processed without all the information requested.



Census Day is April 1, 2020

Data collected determines state-level funding for federal programs including Medicaid, highway construction, school lunches, and Head Start. Census data is confidential and an important part of economic planning for Montana.

Local LIEAP Offices

Find your county and return the application to the office listed.

If you live in this county:	Return application to:	If you live in this county:	Return application to:
Carter Custer Daniels Dawson Fallon Garfield McCone Phillips Powder River	Prairie Richland Roosevelt Rosebud Sheridan Treasure Valley Wibaux	Action for Eastern Montana 2030 North Merrill P.O. Box 1309 Glendive, MT 59330-1309 Ph. 377-3564 or 1-800-227-0703	District VI HRDC Centennial Plaza 300 First Avenue North, Room 203 Lewistown, MT 59457 Ph. 535-7488 or 1-800-766-3018
Blaine Hill Liberty	District IV HRDC 2229 5 th Avenue Havre, MT 59501 Ph. 265-6743 or 1-800-640-6743	Gallatin Meagher Park	District IX HRDC 32 South Tracy Avenue Bozeman, MT 59715 Ph. 587-4486 or 1-800-332-2796
Cascade Chouteau Glacier	Opportunities Inc. 905 First Ave North P.O. Box 2289 Great Falls, MT 59403-2289 Ph. 761-0310 or 1-800-326-0955	Broadwater Jefferson Lewis & Clark	Rocky Mountain Development Council LIEAP Office 648 N. Jackson P.O. Box 1717 Helena, MT 59626-1717 Ph. 447-1625 or 1-800-356-6544
Big Horn Carbon Stillwater Sweet Grass Yellowstone	District VII HRDC 7 North 31 st Street P.O. Box 2016 Billings, MT 59103 Ph. 247-4778 or 1-800-433-1411	Beaverhead Deer Lodge Granite Madison Powell Silver Bow	Action Inc. – Human Resource Council 25 W Silver Street, Butte, MT 59701 P.O. Box 39, Butte, MT 59703 Ph. 533-6855 or 1-800-382-1325
Missoula Mineral Ravalli	District XI Human Resource Council 1801 South Higgins Missoula, MT 59801 Ph. 728-3710	Pondera Teton Toole	North Central Area Agency on Aging 311 S Virginia St, Suite 2 Conrad, MT 59425 Ph. 271-7553 or 1-800-551-3191
Flathead Lake Lincoln Sanders	Community Action Partnership of NW MT 214 Main Street P.O. Box 8300 Kalispell, MT 59904-1300 Ph. 758-5433 or 1-800-344-5979	For additional information visit: www.lieap.mt.gov	

