



# Department of Public Health and Human Services STATE OF MONTANA

## Low Income Home Energy Assistance Program (LIHEAP), & Weatherization Application

To apply for LIHEAP this application must be completed and returned to your local eligibility office. LIHEAP heat assistance applications will NOT be accepted after April 30, 2024. However, you can apply for Weatherization all year. LIHEAP 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 LIHEAP/Weatherization office.

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

**A LIHEAP/Weatherization application cannot be processed without this verification.**

LIHEAP/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.

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

<b>Application submitted in month of:</b>	<b>Provide income verification for the months of:</b>
August 2023	July 2023
September 2023	August 2023
October 2023	September 2023
November 2023	October 2023
December 2023	November 2023
January 2024	December 2023
February 2024	January 2024
March 2024	February 2024
April 2024	March 2024
May 2024	April 2024
June 2024	May 2024
July 2024	June 2024

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

**Send completed application and all required documentation to your local eligibility office.**

**The last page of this application lists the addresses for each local 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 Eligibility Office or the Office of Administrative Hearings. The Office of Administrative Hearings address is:

Office of Administrative Hearings - Box 202922 - Helena, Montana 59620-2922

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

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

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

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

How many people live in this residence? ____ List everyone below  Last Name, First Name, MI	Alias or Maiden Name (Other Names Used)	Relationship to Head of Household	Social Security Number (SSN)	Birth Date	Age	Gender	Hispanic	Race	U.S. citizen	Tribal Member	Military Status	Disabled	Health Insurance	Highest grade Completed	Work status	Registered Alien	SNAP
01		SELF		MM/DD/YY													
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?  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 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 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 month 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 during the month you apply, you may be exempt from providing verification of the items in sections 6 and 7. Contact your local office for more information.

**Section 2 HOUSEHOLD ADDRESS INFORMATION**

This application is for where you are currently living at the time of application. If you move before or after approval, you must reapply.

**Physical Address:** (heat/electricity address): \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

**Mailing Address or PO Box:** (if different from residence): \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

What date did you move to this address? \_\_\_\_\_ If after 10/1/2023, 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): \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

**Section 3 HOUSING TYPE INFORMATION**

<p><b>Housing type:</b> (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>Total # of units in building: _____)</p> <p><input type="checkbox"/> NonTraditional Housing (Camper, RV, etc.)</p>	<p><b>Number of bedrooms:</b> (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><b>Rent or Own Home:</b></p> <p><input type="checkbox"/> Own Home</p> <p><input type="checkbox"/> Rent Home</p> <p>Year Home was built? _____</p>	<p><b>Rent Mobile Lot:</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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Does your rent include  electricity,  heat, or  Both?

Do you receive governmental rent assistance?  Yes  No

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

\_\_\_\_\_  
Landlord Name

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

**Section 4 HOME HEAT AND ELECTRICITY INFORMATION**

**A copy of your most recent HEAT or Electric bills 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, if your main heat is included in your rental payment or your main heat is not in your name; contact your local eligibility office as you may need an additional form.**

**Heat Service You Use the Most (Mark One)**

Natural Gas  
 Electric  
 Propane  
 Fuel Oil  
 Wood  
 Coal

**Main Vendor** \_\_\_\_\_  
**Account Number** \_\_\_\_\_

**Past due amount owed:** \_\_\_\_\_

**Additional Heat Service (Mark all that apply)**

Natural Gas  
 Electric  
 Propane  
 Fuel Oil  
 Wood  
 Coal

**Additional Vendor** \_\_\_\_\_  
**Account Number** \_\_\_\_\_

**Additional Vendor** \_\_\_\_\_  
**Account Number** \_\_\_\_\_

**Past due amount owed:** \_\_\_\_\_

**Electricity Provider** \_\_\_\_\_ **Electric Account Number** \_\_\_\_\_  None  Off-Grid

(If not identified above)

If you live in a Non-Traditional Housing, Camper or RV, are you plugged into a permanent electrical source?  Yes  No

What is your electrical source?  Plugged-In  Generator  Solar  Batteries  Other: \_\_\_\_\_

If your heat or electric is not in a household member's name, whose name is on the bill? \_\_\_\_\_

In the past year has your household applied for or received assistance with heat or electric from another agency?  Yes  No

If yes, please specify where, when and provide verification of the assistance amount: \_\_\_\_\_

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 (heat) past due notice in the last 30 days?  Yes  No

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

Is your utility (heat) service currently disconnected?  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 month.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> TANF (includes Tribal)  | <input type="checkbox"/> Self Employment       | <input type="checkbox"/> Alimony Payments                    |
| <input type="checkbox"/> SNAP / Food Stamp   | <input type="checkbox"/> Wages / Tips (Salary) | <input type="checkbox"/> Worker's Comp                       |
| <input type="checkbox"/> Supplemental Security Income                                    | <input type="checkbox"/> Unemployment          | <input type="checkbox"/> Educational Grants                  |
| <input type="checkbox"/> Veteran Administration  | <input type="checkbox"/> Interest Income       | <input type="checkbox"/> Loans                               |
| <input type="checkbox"/> General Assistance (includes Tribal)                            | <input type="checkbox"/> Odd jobs              | <input type="checkbox"/> Gifts (Money)                       |
| <input type="checkbox"/> Social Security   | <input type="checkbox"/> Property Income       | <input type="checkbox"/> Pension/Retirement Income           |
| <input type="checkbox"/> Financial Aid   | <input type="checkbox"/> Non-Cash Income       | <input type="checkbox"/> Utility Payment (Section 8 Housing) |
| <input type="checkbox"/> Child Support: If paid through MT CSED, provide case #'s _____  |  |  |
| <input type="checkbox"/> Other: If checked, please explain in the following space: _____ |  |  |

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

**COPIES OF DOCUMENTATION TO VERIFY ALL GROSS INCOME MUST BE INCLUDED**

Enter the requested information for all household members aged 18 or older regardless of relationship. One-month preceding the month of application.

Name (Who Received Income)	Sources and Amounts of Gross Income (Specify Each Source)	Gross Monthly Income
1		
2		
3		
4		

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

**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.

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**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".

<b>RESOURCE</b> <b>You must provide full bank statements or other verification of all resources</b>	<b>FINANCIAL INSTITUTION</b>	<b>CURRENT VALUE</b>
1. Cash on Hand: \$_____ Checking Account(s): \$_____ Savings 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 <b>must</b> 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.		



**Section 9 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. False, misleading, or incomplete information may result in the denial or termination of assistance, and/or potential repayment of assistance funds provided. If you are receiving another form of federal assistance and it is determined that there was a duplication in subsidy, you will be required to return the funds that were overpaid to Montana Department of Public Health and Human Services.

I understand that Heat Assistance benefits are computed for October 1 through April 30. I am responsible for any other costs not covered by any benefits I may have received. I certify that the information provided herein is true, complete, and correct to the best of my knowledge. I authorize the Department to communicate and share information to all third-party payees listed in the application and persons or organizations assisting in the application process, including but not limited to, late fees, security deposit, utility or utility deposit information. I have read; or have had read to me; all the above and all questions have been answered to my satisfaction.

**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 Heat or Weatherization benefits. I authorize the disclosure or release of any information relevant to my eligibility for Heat 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, Montana Emergency Rental Assistance, Energy Share, other assistance programs and other sources for which a household may be eligible and to reduce potential for duplication of effort.

**INFORMATION TO BE RELEASED OR DISCLOSED:** Checking, 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 Heat 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 the Power of Attorney or Payee authorization.**

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

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

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

**Signatures of all other household members aged 18 or older.**

## APPLICANT CHECKLIST

### Make sure you have done the following things:

- Completed all spaces on the application, especially Income in Section 6 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 aged 18 or older have signed Section 9.
- Included a copy of your most recent heat and electric bill(s) for the assistance for which you are applying.
- Included verification of all gross incomes received in the past month, from all sources, for all members of the household aged 18 years or older and regardless of 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 aged 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 eligibility office.
- If anyone in your household pays premiums for health, dental, or optical insurance, provide verification of those payments for the prior month for a possible reduction to your countable income.

**NOTE: You should receive a letter within 45 days telling you whether you are eligible or if additional information is needed. Your application cannot be processed without all the information requested.**

**Local Eligibility Offices**

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

<b>If you live in this county:</b>	<b>Return application to:</b>
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
Blaine Hill Liberty	District 4 HRDC 2229 5 <sup>th</sup> Avenue Havre, MT 59501 Ph. 265-6743 or 1-800-640-6743
Cascade Chouteau Glacier Pondera Teton Toole	Opportunities Inc. 905 First Ave North P.O. Box 2289 Great Falls, MT 59403-2289 Ph. 761-0310 or 1-800-326-0955
Big Horn Carbon Stillwater Sweet Grass Yellowstone	District 7 HRDC 3116 First Ave North P.O. Box 2016 Billings, MT 59103 Ph. 247-4778 or 1-800-433-1411
Missoula Mineral Ravalli	District XI Human Resource Council 1801 South Higgins Missoula, MT 59801 Ph. 728-3710
Flathead Lake Lincoln Sanders	Community Action Partnership of NW MT 214 Main Street Kalispell, MT 59901 Ph. 758-5433 or 1-800-344-5979 www.capnm.net

<b>If you live in this county:</b>	<b>Return application to:</b>
Fergus Golden Valley Judith Basin Musselshell Petroleum Wheatland	District 6 HRDC Centennial Plaza 300 First Avenue North, Room 203 Lewistown, MT 59457 Ph. 535-7488 or 1-800-766-3018
Gallatin Meagher Park	District 9 HRDC 32 South Tracy Avenue Bozeman, MT 59715 Ph. 587-4486 or 1-800-332-2796
Broadwater Jefferson Lewis & Clark	Rocky Mountain Development Council LIHEAP Office 648 N. Jackson P.O. Box 1717 Helena, MT 59626-1717 Ph. 447-1625 or 1-800-356-6544
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
For additional information visit: <a href="http://liheap.mt.gov">liheap.mt.gov</a>	