



Department of Public Health and Human Services STATE OF MONTANA

COVID-19 Emergency Energy Assistance Program

If you have lost wages due to COVID-19, you may be eligible for this assistance.

Households that received a LIEAP benefit during the 2019-2020 heating season will automatically receive a supplemental COVID benefit and are **not** eligible for this emergency energy assistance program.

To apply for the COVID-19 Emergency Energy Assistance Program, this application needs to be completed and returned to your local LIEAP office by August 31, 2020. The program will end when funds are no longer available. Applications received will be processed in the order that they are received. COVID-19 Emergency Energy Assistance benefits are only for the dwelling you live in at the time of application. If you move any time after applying, please contact your local LIEAP office.

Complete each section of the COVID-19 Emergency Energy Assistance application. You must also provide verification of all identities, incomes, resources, energy bill needing COVID-19 assistance. (see table at right).

Your COVID-19 Emergency application cannot be processed without this verification.

Application submitted in month of:	Provide income verification for the month of:
May 2020	April 2020
June 2020	May 2020
July 2020	June 2020
August 2020	July 2020

COVID-19 eligibility will be determined based upon the circumstances at the time of 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 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 COVID-19 Emergency Energy Assistance applications and all required documentation to your local LIEAP office.

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

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

You may apply for regular LIEAP benefits starting September 1, 2020 through April 30, 2021.

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 Eligibility Office or the Office of Fair Hearings. The Office of Fair Hearings address is:

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

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

<p><u>Relationship:</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</p> <p><u>Hispanic Status, US Citizen, Tribal Member, Disabled:</u> Yes or No</p>	<p><u>Race Status:</u> (Multiple Selections Allowed) 1 - White 2 - Black/African American 3 - American Indian/Alaska Native 4 - Asian 5 - Native Hawaiian/Pacific Islander</p> <p><u>Military Status</u> V – Veteran AM – Active Military NA – Not Applicable</p> <p><u>Highest Grade Completed:</u> 1 – 11 - Grades GED - GED-Completed HS - High School Diploma C - College or Vo-Tech</p>	<p><u>Work Status:</u> FT - Full-Time PT- Part-Time NE - Not Employed R - Retired/Not Working</p> <p><u>Health Insurance Status:</u> MA - Medicaid MC - Medicare PV - Private CH - Healthy Montana Kids VA - Veterans Administration OT - Other NN - None</p> <p><u>SNAP:</u> Yes or No</p>
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Provide all requested information for all persons living in the house regardless of relationship whether or not you consider them a household member.

NOTE: Entries for gender, Hispanic, and race are not required.

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 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 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 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.

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, 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 COVID-19 Emergency Energy Assistance Benefits 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 _____ State MT Zip Code _____

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

_____ City _____ State _____ Zip Code _____

Have you received a COVID-19 Emergency Energy Benefit? Yes No If yes, date received _____

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: <i>(check one)</i></p> <p><input type="radio"/> Mobile Home</p> <p><input type="radio"/> Double-Wide Mobile Home</p> <p><input type="radio"/> House – Modular (Single Family)</p> <p><input type="radio"/> Apartment or Duplex, etc. *</p> <p><input type="radio"/> Temporary Housing (Camper or RV)</p>	<p>Number of bedrooms: <i>(check one)</i></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

**Energy Service Needing COVID-19 Assistance
(Check Only One)**

Natural Gas

Electric

Propane

Fuel Oil

Wood

Coal

Vendor

Account Number

If your energy service bill is not in a household member's name, whose name is on the bill? _____

A copy of your most recent Energy Service bill showing NAME, current ADDRESS and ACCOUNT NUMBER(S) must be attached.

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

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.

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.

- | | | |
|--|--|--|
| <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: _____ | | |

Section 6 INCOME OF HOUSEHOLD MEMBERS

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

Month	Sources and Amounts of Gross Income (Specify each source.)	Total Gross Income for One-Month Preceding Month of Application
APRIL	EXAMPLE: Sally-ABC Company \$650; Sam-SSI \$500	\$1,150

How have you been negatively affected by COVID-19? Explain: _____

If there is any TIME of zero (0) income, please state your means of survival and sign the statement.

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: \$_____ 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 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.

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 COVID-19 Emergency Energy Assistance. I authorize the disclosure or release of any information relevant to my eligibility for COVID-19 Emergency 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 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 the Power 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 energy service bill needing COVID-19 assistance.
- Included verification of all gross incomes received in the past month, 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 month for a possible reduction to your countable income.
- Provide proof of loss of wages, unemployment or a lay-off slip related to COVID-19. A statement explaining how your situation is impacted by COVID-19 will satisfy this requirement.

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.



**If you have not completed the 2020 Census visit
<https://my2020census.gov/> to complete your information.**

Local LIEAP Offices

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
Blaine Hill Liberty	District IV HRDC 2229 5 th Avenue Havre, MT 59501 Ph. 265-6743 or 1-800-640-6743
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
Big Horn Carbon Stillwater Sweet Grass Yellowstone	District VII 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 P.O. Box 8300 Kalispell, MT 59904-1300 Ph. 758-5433 or 1-800-344-5979

If you live in this county:	Return application to:
Fergus Golden Valley Judith Basin Musselshell Petroleum Wheatland	District VI HRDC Centennial Plaza 300 First Avenue North, Room 203 Lewistown, MT 59457 Ph. 535-7488 or 1-800-766-3018
Gallatin Meagher Park	District IX HRDC 32 South Tracy Avenue Bozeman, MT 59715 Ph. 587-4486 or 1-800-332-2796
Broadwater Jefferson Lewis & Clark	Rocky Mountain Development Council LIEAP Office 648 N. Jackson P.O. Box 1717 Helena, MT 59624-1717 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
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
For additional information visit: www.lieap.mt.gov	