DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana's Energy Assistance Programs

MONTANA LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

The Low-Income Home Energy Assistance Program (LIHEAP) assists eligible Montana households with the rising costs of home energy. The program provides *Emergency Assistance*, *Heating Assistance* payments, and *Weatherization* of eligible households.

The applicant's physical address and primary residence must be located in Montana to be eligible for LIHEAP and Weatherization benefits.

Weatherization is the science of improving a home's energy efficiency. The benefits of weatherization may include reduced energy consumption, reduced energy costs, and increased comfort and durability of the dwelling.

MONTANA WEATHERIZATION Assistance Program

Montana DPHHS does not guarantee that any weatherization improvement to a dwelling will result in cost savings or will provide any other benefit to the dwelling occupant or owner.

APPLICATION INSTRUCTIONS

LIHEAP (Energy Assistance)	Weatherization
The Low-Income Home Energy Assistance Program (LIHEAP) pays part of winter energy bills and may assist with furnace emergencies.	The Weatherization Assistance Program helps participants improve the heating efficiency of their homes, thereby reducing energy consumption.
Application accepted October 1 – April 30	Application accepted year-round

- To apply online, visit https://apply.mt.gov/
- For help filling out this application if you or a household member is over the age of 60, or a person with a disability, call 1-800-551-3191.
- If all members of your household receive SNAP, or household member(s) have individual circumstances in SSI, or TANF during the month you apply, you may also qualify for LIHEAP. Contact your local office for more information.
- The application must be completed entirely, signed, and dated.
- Include copies of required verifications, see Applicant Checklist.
- Verifications are required for the month prior to the month of application.
    - For example, if the application is submitted in October 2026, provide verifications for the prior month, September 2026.
    - Provide copies only; original documents will not be returned.
    - Failure to provide all requested information and verifications will delay the eligibility determination and may result in application denial.
- Submit completed application in person or by mail to the local eligibility office. See Eligibility Offices.
- Applicants 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 heating bill assistance. See Eligibility Offices.
- Native American household members who live on the Crow reservation should contact the District 7 Human Resource Development Council (Billings). See Eligibility Offices.
- Your application cannot be processed without all the information requested.
- LIHEAP/Weatherization eligibility will be determined based upon the circumstances at the time of application.
- Any additional information requested must be submitted within 30 days to complete your application.
- You should receive a letter about your case within 45 days of applying, telling you whether you are eligible or if additional information is needed.
- If you do not receive a letter within 45 days, please contact your local office.
- For more information about LIHEAP and Weatherization programs, please visit dphhs.mt.gov/hcsd/energyassistance

APPLICANT CHECKLIST

- ☐ Complete all sections and spaces on the application, especially the Resources Section 5 and the Income in Section 6.
- ☐ Completed physical and mailing address information in Section 1.
- ☐ Ensure that all people who reside in the dwelling are included on the application, regardless of relationship or whether you consider them a household member or not.
- ☐ Sign and date the Authorization section.
- ☐ Include copies of photo identification for all household members aged 18 or older and photo identification or birth certificates for all household members younger than 18.
- ☐ Include copies of Social Security Numbers (SSNs) for all household members; or if any household member does not have an SSN, provide proof of citizenship or lawful entry into the US with the intent of establishing permanent residency.
- ☐ Include a copy of your most recent heat and electric bill(s).
- ☐ Include copies of 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.
- ☐ Include copies of a full month of bank statements for all open bank accounts and verification of other resources, including online banks, Reliacard, Direct Express, and employer payroll cards for all household members.
- ☐ If anyone in your household pays insurance premiums for health, dental, or optical, include copies of verification for a possible reduction to your countable income.
- ☐ Checked the address list on the last page for mailing your completed application to the correct eligibility office.

APPLICANT RIGHTS

- To tell their story in their own way.
- To continue to be responsible for themselves.
- To receive individual assistance in the completion of the application.
- To inquire and be informed in writing and / orally about coverage, conditions of eligibility, scope of the program, and related services available, including systems conversions, regular benefits, and emergency benefits.
- To be determined eligible or ineligible, based upon the information and corresponding documentation provided for the completed application, within forty-five (45) days of receipt of the completed application.
- To receive timely written notice of denial, reduction, or termination of assistance.
- To be informed of the right to a Fair Hearing.
- To have a confidential relationship with the sub-grantee and the Department.
- To be informed of other services of the DPHHS.
- To not be discriminated against on the grounds of race, color, sex, culture, age, creed, marital status, physical handicap, mental handicap, or national origin.

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

ELIGIBILITY OFFICES

If you live in this County:	Return your LIHEAP/Weatherization Application and Verifications 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 Glendive, MT 59330-1309 Ph. 377-3564 or 1-800-227-0703
Blaine, Hill, Liberty	District 4 HRDC 2229 5th Avenue Havre, MT 59501 Ph. 265-6743 or 1-800-640-6743
Fergus, Golden Valley, Judith Basin, Musselshell, Petroleum, Wheatland	District 6 HRDC Centennial Plaza 300 First Avenue North, Suite 203 Lewistown, MT 59457 Ph. 535-7488 or 1-800-766-3018
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
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
Broadwater, Jefferson, Lewis & Clark	Rocky Mountain Development Council LIHEAP Office 200 South Cruse Ave. P.O. Box 1717 Helena, MT 59624-1717 Ph. 447-1625 or 1-800-356-6544
Gallatin, Meagher, Park	District 9 HRDC 206 E. Griffin Drive Bozeman, MT 59715 Ph. 587-4486 or 1-800-332-2796
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
Flathead, Lake, Lincoln, Sanders	Community Action Partnership of NW MT 1820 US Hwy 93 S. Kalispell, MT 59901 Ph. 758-5433 or 1-800-344-5979 www.capnm.net

TRIBAL ELIGIBILITY OFFICES

If you live in:	Return your LIHEAP/Weatherization Application and Verifications to:
Blackfeet	Blackfeet Nation PO Box 850 All Chief's Square Browning, MT 59417 Ph. 406-338-7521
Fort Peck: Assiniboine, Sioux	Fort Peck Assiniboine and Sioux 501 Medicine Bear Rd. PO Box 1027 Poplar, MT 59255 Ph. 406-768-2300
Rocky Boy's: Chippewa Cree	Rocky Boy LIHEAP Office Rocky Boy Route PO Box 568 Box Elder, MT 59521 Ph. 406-395-4728
Crow	District 7 HRDC 3116 First Ave North P.O. Box 2016 Billings, MT 59103 Ph. 247-4778 or 1-800-433-1411
Fort Belknap: Gros Ventre, Assiniboine	Fort Belknap Community Council Box 66, R.R. 1 Harlem, MT 59526 Ph. 406-353-8499
Northern Cheyenne	Northern Cheyenne 600 Cheyenne Ave. PO Box 128 Lame Deer, MT 59043 Ph. 406-477-6691
Confederated Salish and Kootenai	CSKT LIHEAP Office PO Box 278 Pablo, MT 59855 Ph. 406-675-2700

LIHEAP and Weatherization Application

Section 1: APPLICANT AND HOUSEHOLD INFORMATION

Primary Applicant			
Full Name (Primary applicant)	*First* *Middle* *Last*		
Date of Birth (mm/dd/yyyy)		**Social Security Number (SSN)**	
Sex	☐ Male	☐ Female	
Aliases: (if a different name or SSN exists)	List Name(s)and Other SSN(s)		
Hispanic ☐ Yes ☐ No **US Citizen** ☐ Yes ☐ No		**Race** (multiple selections allowed) ☐ White ☐ Black/African American ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Pacific Islander	
Tribal Member ☐ Yes ☐ No *If yes, list Tribal Affiliation:*		**Disabled** ☐ Yes ☐ No	
Military Status ☐ Veteran* ☐ Active Military ☐ Not Applicable **If any Veteran household members receive VA compensation, provide a copy of VA award letter*		**Health Insurance** ☐ Medicaid ☐ Medicare ☐ Private ☐ Healthy Montana Kids ☐ State Health Ins for adults ☐ Veterans Administration ☐ Employment based ☐ Other ☐ None/Unknown	
Education Completed: ☐ Grades 0-11 ☐ GED ☐ High School ☐ Grades 12+ post-secondary ☐ 2-year college degree ☐ Vo-Tech degree ☐ 4-year college degree ☐ Graduate/Other post-secondary school ☐ Part-time college student ☐ Full-time college student			

Household Information **Note**: Complete address information for where you are currently living at the time of application. If you move before or after approval, you must reapply at your new address. Field titles in **bold are required** to begin processing the application.			
Physical Address	*Street*	*City*	*County/Zip*
Mailing Address (if different)	*Street*	*City*	*County/Zip*
How many people live at this address?		**What date did you move to this address?**	
Is the address within the boundaries of an Indian reservation? ☐ Yes ☐ No		**If the above date** is after October 1 of the current year, did you move here from out of state? ☐ Yes ☐ No	
Phone Numbers	*Home*	*Cell*	*Other*
Email address *(optional)*			

Section 2: ADDITIONAL HOUSEHOLD MEMBERS

Note: Provide the following details for everyone who lives in your home. Copy the next two pages if additional space if necessary to include all members.
Field titles in bold are required to begin processing the application.

Additional Household Member		
Full Name (Additional household member)	*First* *Middle* *Last*	
Date of Birth (mm/dd/yyyy)		**Social Security Number (SSN)**
Sex	☐ Male	☐ Female
Aliases: (if a different name or SSN exists)	List Name(s) and Other SSN(s)	
Relationship to Primary applicant	☐ Spouse/Significant other ☐ Child ☐ Grandchild ☐ Foster child ☐ Parent ☐ Sibling ☐ Aunt/Uncle ☐ Niece/Nephew ☐ Cousin ☐ Ex-spouse ☐ Not related ☐ Other (specify) _____	
Hispanic ☐ Yes ☐ No **US Citizen** ☐ Yes ☐ No		Race (multiple selections allowed) ☐ White ☐ Black/African American ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Pacific Islander
Tribal Member ☐ Yes ☐ No *If yes, list Tribal Affiliation:*		**Disabled** ☐ Yes ☐ No
Military Status ☐ Veteran* ☐ Active Military ☐ Not Applicable **If any Veteran household members receive VA compensation provide a copy of VA award letter*		**Health Insurance** ☐ Medicaid ☐ Medicare ☐ Private ☐ Healthy Montana Kids ☐ State Health Ins for adults ☐ Veterans Administration ☐ Employment based ☐ Other ☐ None/Unknown
Education Completed: ☐ Grades 0-11 ☐ GED ☐ High School ☐ Grades 12+ post-secondary ☐ 2-year college degree ☐ Vo-Tech degree ☐ 4-year college degree ☐ Graduate/Other post-secondary school ☐ Part-time college student ☐ Full-time college student		

Additional Household Member		
Full Name (Additional household member)	*First* *Middle* *Last*	
Date of Birth (mm/dd/yyyy)		**Social Security Number (SSN)**
Sex	☐ Male	☐ Female
Aliases: (if a different name or SSN exists)	List Name(s) and Other SSN(s)	
Relationship to Primary applicant	☐ Spouse/Significant other ☐ Child ☐ Grandchild ☐ Foster child ☐ Parent ☐ Sibling ☐ Aunt/Uncle ☐ Niece/Nephew ☐ Cousin ☐ Ex-spouse ☐ Not related ☐ Other (specify) _____	

Hispanic ☐ Yes ☐ No US Citizen ☐ Yes ☐ No	Race (multiple selections allowed) ☐ White ☐ Black/African American ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Pacific Islander
Tribal Member ☐ Yes ☐ No *If yes, list Tribal Affiliation:*	Disabled ☐ Yes ☐ No
Military Status ☐ Veteran* ☐ Active Military ☐ Not Applicable **If any Veteran household members receive VA compensation provide a copy of VA award letter*	Health Insurance ☐ Medicaid ☐ Medicare ☐ Private ☐ Healthy Montana Kids ☐ State Health Ins for adults ☐ Veterans Administration ☐ Employment based ☐ Other ☐ None/Unknown
Education Completed: ☐ Grades 0-11 ☐ GED ☐ High School ☐ Grades 12+ post-secondary ☐ 2-year college degree ☐ Vo-Tech degree ☐ 4-year college degree ☐ Graduate/Other post-secondary school ☐ Part-time college student ☐ Full-time college student	

Additional Household Member		
Name (Additional household member)	*First* *Middle* *Last*	
Date of Birth (mm/dd/yyyy)		Social Security Number (SSN)
Sex	☐ Male	☐ Female
Aliases: (if a different name or SSN exists)	List Name(s) and Other SSN(s)	
Relationship to Primary applicant	☐ Spouse/Significant other ☐ Child ☐ Grandchild ☐ Foster child ☐ Parent ☐ Sibling ☐ Aunt/Uncle ☐ Niece/Nephew ☐ Cousin ☐ Ex-spouse ☐ Not related ☐ Other (specify) _____	
Hispanic ☐ Yes ☐ No US Citizen ☐ Yes ☐ No		Race (multiple selections allowed) ☐ White ☐ Black/African American ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Pacific Islander
Tribal Member ☐ Yes ☐ No *If yes, list Tribal Affiliation:*		Disabled ☐ Yes ☐ No
Military Status ☐ Veteran* ☐ Active Military ☐ Not Applicable **If any Veteran household members receive VA compensation provide a copy of VA award letter*		Health Insurance ☐ Medicaid ☐ Medicare ☐ Private ☐ Healthy Montana Kids ☐ State Health Ins for adults ☐ Veterans Administration ☐ Employment based ☐ Other ☐ None/Unknown
Education Completed: ☐ Grades 0-11 ☐ GED ☐ High School ☐ Grades 12+ post-secondary ☐ 2-year college degree ☐ Vo-Tech degree ☐ 4-year college degree ☐ Graduate/Other post-secondary school ☐ Part-time college student ☐ Full-time college student		

Section 3: HOUSING TYPE INFORMATION

HOUSING TYPE INFORMATION		
Housing Type	☐ Mobile Home ☐ Double-wide mobile home ☐ House – Modular *(Single-family)* ☐ Apartment or Duplex etc. ☐ Non-Traditional Housing*	
Number of Bedrooms	☐ One ☐ Two ☐ Three ☐ Four or more	
Rent or Own	☐ Own	☐ Rent ☐ Rent Mobile Lot *(Mobile home)*
Does your Rent include:	☐ Electricity ☐ Heat ☐ Both ☐ None	
Monthly Rent Amount: $	Do you receive governmental rent assistance? ☐ Yes ☐ No	
If you rent, provide the contact information for your landlord or property management *Name:* *Phone Number:* *Address:*		

Section 4: HEATING AND ELECTRICITY INFORMATION

HEATING AND ELECTRICITY INFORMATION	
Main Heating Type	☐ Natural Gas ☐ Electric ☐ Propane ☐ Fuel Oil ☐ Wood/Pellets ☐ Coal
Main Heat Vendor:	Vendor Name _____ Account number _____ Past due amount? $ _____
Is the main heating account in a household member's name?	☐ Yes ☐ No If Yes, account holder name: _____ If No, explain: _____
Additional Heat Type *(if applicable)*	☐ Natural Gas ☐ Electric ☐ Propane ☐ Fuel Oil ☐ Wood/Pellets ☐ Coal
Additional Heat Vendor *(if applicable)*	Vendor Name _____ Account number _____ Past due amount? $ _____
Additional Electric Information *(if applicable)*	Do you use additional electricity (not for heating)? ☐ Yes ☐ No Vendor Name _____ Account number _____ Past due amount? $ _____
	Were you responsible for a heat bill at your previous address? ☐ Yes ☐ No
	In the past year has your household applied for or received assistance with heat or electricity from another agency? ☐ Yes ☐ No If Yes, specify agency, date, and assistance amount: _____

*Non-traditional housing type – Additional questions

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

If yes, are there any unsafe conditions present in the Non-Traditional dwelling that may cause a potential health and safety hazard to the occupants? ☐ Yes ☐ No
If yes, please describe the power source or explain where it is plugged in _____
_____

What is your electrical source? ☐ Plugged-In/Permanent Electric ☐ Generator ☐ Solar ☐ Batteries ☐ Other: _____

(A heating appliance in a nontraditional dwelling that is not installed or operating according to the manufacturer's specification or current code is considered an unsafe condition.)
Applicants who live in a non-traditional dwelling must also submit the EAP-050 form- Self-Declaration of Non-Traditional Dwellings.

Weatherization

LIHEAP-eligible households may also be eligible for the Weatherization Assistance Program.

Do any household members have respiratory health conditions to consider 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.
_____

WEATHERIZATION	
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
Is the household's main heat source working properly? If No, describe: _____	☐ Yes ☐ No

Child Status

Does each child on the LIHEAP application live in the 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

If yes, specify which child(ren) _____

Provide Child Support case #s and verification in Section 6, if applicable

Other Assistance Program Participation

Does anyone in your household currently qualify for ☐ SNAP, ☐ SSI, and/or ☐ TANF benefits?

☐ Yes ☐ No

If yes, please list household members: _____ _____ _____ _____

Note: If all members of your household receive SNAP, or if individual circumstances in SSI, or TANF exist during the month you apply, you may be exempt from providing verification of the items in sections 5 and 6. Contact your local office for more information.

Section 5: RESOURCES AND BUSINESS EQUITY

Please answer all questions for each resource 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".

RESOURCES AND BUSINESS EQUITY			
RESOURCE You must provide the most recent bank statement(s) or other verification of all resources, dated within 30 days of the application date.	HOUSEHOLD MEMBER NAME(s)	FINANCIAL INSTITUTION(s) if applicable	CURRENT VALUE If zero, enter 0.
1. Liquid Assets: Cash on Hand: $_____ Checking Account(s): $_____ Savings Account(s): $_____			$ $ $
2. Liquid Assets continued: Certificates of Deposit, Individual Retirement Accounts, Stocks, Bonds. Etc.			$ $ $
3. Trust Does anyone in the household own a trust?			$ $
4. Property Does anyone in the household own property/real estate other than the home in which you live and its adjoining land?			$ $
5. Property continued: Did anyone in the household sell real estate property within the past 12 months?	Was the property your primary residence? ☐ Yes ☐ No		

6. Burial Accounts: Burial contract or plot			$
7. Business Assets: Value of business assets, such as rental properties, farm equipment, and other business-related equipment (Self-employed households must provide this information).			$ $
8. Other Resources: Oil and Mineral rights, other items of unusual value, other _____			$

Section 6: SOURCES OF INCOME

Please check ALL the following sources of income that have been received by ALL MEMBERS of your household within the month prior to the month of application.

DOCUMENTATION TO VERIFY ALL GROSS INCOME FOR ONE MONTH PRIOR TO APPLICATION MUST BE INCLUDED (Self-employment requires 12 months of documentation).

SOURCES OF INCOME
Unearned Income Types (check all that apply) ☐ TANF (includes Tribal) ☐ SNAP ☐ Supplemental Social Security Income (SSI) ☐ Veteran Administration ☐ Unemployment ☐ Worker's Compensation ☐ General Assistance (includes Tribal) ☐ Social Security ☐ Child Support* ☐ Pension/Retirement Income ☐ Financial Aid ☐ Educational Grants ☐ Utility Payment (Section 8 Housing) ☐ Loans ☐ Gifts ☐ Other, explain: _____
Earned Income Types (check all that apply) ☐ Self-Employment* (includes odd jobs) ☐ Wages / Tips / Salary ☐ Interest Income ☐ Property Income ☐ Non-cash Income ☐ Alimony Payments ☐ Other, explain: _____
***Child Support:** If paid through MT CSED, provide case #s: _____
***Self-Employment:** ☐ Partnership ☐ Sole Proprietorship Business Type: Child-care provider ☐ Farmer/Rancher ☐ Lease/Rental ☐ Other _____ Business Name: _____ Must provide one of the following self-employment verifications: Schedule C tax form, Schedule F tax form, or complete Business records, which include 12 months of income and expenses.

Note: 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.

Section 7: INCOME OF HOUSEHOLD MEMBERS

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

INCOME OF HOUSEHOLD MEMBERS		
Household Member	Sources and Amounts of Gross Income (Specify Each Source)	Gross Monthly Income
1		
2		
3		
4		

If there is ZERO INCOME for the household, please explain your means of survival.
Complete this section only if all household members had zero income in the previous month. Briefly explain how your household met the basic living needs of ***shelter, food and utilities*** *for the previous month:*

_____
_____
_____

COMMENTS: If you wish to make any comments regarding any special situation or clarify any of your responses, please do so in the space provided below.

_____
_____
_____

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 LIHEAP 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.

SIGNATURE(S)

Signature of Primary Applicant or Authorized Representative. If signing on a person's behalf provide a copy of the Power of Attorney or Payee authorization.

Print Name: _____

Signature: _____ Date: _____

How did you hear about LIHEAP?

☐ Referred by another program (SNAP, TANF, SSI, or other _____)
☐ DPHHS Website ☐ TV ad or program
☐ Referred by local agency or utility company ☐ Social Media ☐ Family or friend
☐ Other _____

Office Use only:

Application receive date: *Application Complete: Y N*
Notes: