

DEPARTMENT OF HUMAN RESOURCE DEVELOPMENT
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
ENERGY CRISIS APPLICATION

I am requesting assistance and I receive income from the following:

1. Employment	
2. Cash Assistance	
3. Social Security	
4. SSI/SSDI	
5. Pension/ disability	
6. Unemployment	
7. Child Support	
8. Rental Income	
9. General Assistance	
10. VA	
11. Self Employment	
12. Foster Child care	
13. Child Care Provider	
14. Other:	Attach proof

I am a member of the Confederated Salish & Kootenai Tribes & my enrollment # is _____ **or** I am a descendant & I have attached documentation as proof.

Type of assistance needed:

My fuel vendor is: _____ my main heat source is: _____

NAME: _____ DATE OF BIRTH: _____

SPOUSE: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ ST _____ ZIP _____

PHONE: _____ TOTAL NUMBER IN HOUSEHOLD: _____

Signature: _____ **Date:** _____

Bottom Section is for Office Use Only:
Energy Crisis Application

Emergency Situation? _____ Type: _____

Have other resources been contacted? _____ Who? _____

Interviewer Signature: _____ Date: _____

Not approved: _____ **Approved:** _____ Action taken: _____

Authorized Signature: _____ Date: _____

Date: _____ Amt: _____
Vendor: _____

Date: _____ Amt: _____
Vendor: _____