

**VIGILANTE ELECTRIC COOPERATIVE
2017-2018 ENERGY ASSISTANCE APPLICATION**

Name _____ Account # _____

1. _____ Number, names and ages of individuals residing within the household.
- | | (Names) | (Ages) | (Relationship to Applicant) |
|----|---------|--------|-----------------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ |

2. _____ Total combined gross income of all individuals regardless of age and/or relation.

Gross income means income before deductions, including but not limited to wages, salaries, net income from self-employment, commissions, tips, profits, gifts, interest or dividends, retirement pay, SSI, VA, FAIM/TANF, social security, worker’s compensation, unemployment compensation, alimony payments, child support, educational grants, and capital gains. Sale of a primary residence is excluded from income under capital gains.

Gross income cannot be zero or a negative figure.

Family size and total household income are the bases for eligibility.

Family Size	LIEAP	Family Size	LIEAP
1	22,712	8	61,980
2	29,700	9	68,250
3	36,688	10	74,520
4	43,676	11	80,790
5	50,664	12	87,060
6	57,652	13	93,330
7	58,962	14	99,600

3. Please check the sources of income that apply to your situation.

- FAIM/TANF Self-Employment Food Stamps VA
 Property Income Child Support Alimony Payments General Assist.
 Unemployment Worker's Comp Interest Income Educational Grants
 Social Security Retirement Income SSI
 Wages – Employer (s) _____
 Other – Please Explain _____

4. YES or NO Do you currently receive Medicaid benefits? (Circle One) **(Include a photocopy of most recent Medicaid card.)**

5. Do you own or rent the dwelling in which you live? Own Rent

6. Mark the energy type for the primary heat source for your home. Electric Propane Natural Gas
 Other

- ❖ **Credit received from energy assistance is to offset the costs of heating your home during the 2017-2018 heating season. It is not intended to pay for overdue balances. This program is for members of Vigilante Electric Cooperative only.**
- ❖ **Applications are due no later than November 17, 2017 to Vigilante Electric at PO 1049, Dillon, MT 59725.**
- ❖ **All information requested on this application must be provided or it will not be reviewed.**

I hereby swear that the information that I have provided is accurate and verifiable if questioned.

(Signature)

(Date)

(Home/Cell Phone #)

(Print Name)

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