



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 2018-2019 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 16, 2018 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)

**Date:** \_\_\_\_\_