



**EMERGENCY ASSISTANCE APPLICATION**  
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 LIHEAP  
 SFN 62 (10-2006)

Energy Share  
 LIHEAP Emergency Assistance

Name		Social Security Number		County
Address		City	State	Zip Code
Telephone Number				
Ages of All Household Members-List Applicant's Age First				
Emergency assistance is needed with what fuel?		Emergency assistance is needed other than fuel?		
<input type="checkbox"/> Electricity <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas <input type="checkbox"/> Coal <input type="checkbox"/> Fuel Oil		<input type="checkbox"/> Minor Home Repair <input type="checkbox"/> Consumer Goods <input type="checkbox"/> Minor Furnace Repair <input type="checkbox"/> Non-Heat Electric Referral <input type="checkbox"/> Furnace Replacement <input type="checkbox"/> Self Reliance Referral		
Name of Company That Fuel is Purchased From		Name on Account		Account Number
Dollar Amount of Emergency Assistance You Are Applying For			Dollar Amount You Paid on Energy Bills in the Last 6 Months	
List the reasons you are applying for Emergency Assistance (illness, car accident, loss of job, etc.)				
Did you discuss making regular monthly or weekly payments with your energy supplier/vendor?				
<input type="checkbox"/> Yes-What arrangements did you make? <input type="checkbox"/> No-Why Not?				
Have you tried to get a bank loan, family loan, or help from other agencies to pay on your bill?				
<input type="checkbox"/> Yes-Assistance From? <input type="checkbox"/> No-Why Not?				
Do you have a plan on how to avoid needing emergency assistance in the future? Explain.				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

List the net income of each household member for application month

Name of Person #1	Income This Month	Source
Name of Person #2	Income This Month	Source
Name of Person #3	Income This Month	Source
Name of Person #4	Income This Month	Source
Total Net Income for Household		

List Assets of Each Household Member

Amount For All Household Members in Checking
Amount For All Household Members in Savings
Amount For All Household Members in Other Accounts

**Amount Spent This Month For:**

Food - Total Cost	Less Food Stamps	Your Cost
Rent-Amount You Pay	Own Home-Mortgage	Tax Property (per month)
Homeowner's Insurance	Water	Electricity
Heat	Telephone (Land or Cell)	Other Utilities
Prescriptions Paid or Anticipated	Medical Bills	Medical Insurance Premium

Transportation Costs:

Gas or Other Transportation Costs	Vehicle Insurance (1 month)	Vehicle Payment (One Month)
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Employment Costs:

Day Care	Tools for Employment	Clothes for Employment
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Personal Care Costs		
Other Mandatory Expenses (Explain)		
Total Income	Total Expenses	Balance <span style="float: right;">undefined</span>

I certify that the information I have given is correct and complete to the best of my knowledge. I understand that benefits received based on false information must be repaid and could result in a fine, imprisonment, or both. I give my permission to LIHEAP and Energy Share to verify and share information affecting my eligibility and benefits and to my energy supplier to provide information regarding my account and energy consumption.

Signature	Date
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**AGENCY USE ONLY**

Local Action: <input type="checkbox"/> Denied <input type="checkbox"/> Approved or <input type="checkbox"/> Approved and Request State Approval
CSSB (LIHEAP Representative) <span style="float: right;">Date</span>

**Emergency Assistance Payments**

Date of Payment	Reason Code	Heat Type	Usage	Invoice/Account No.	Amount Requested	Amount Paid
<b>Total Paid</b>						undefined

Does this bring applicant current? Yes No	Referred for Self Reliance? Yes No	Referred for Energy Share? Yes No
Has Plan of Action (SFN 11) been completed? Yes No - Why Not?	List Other Agencies Referred To	

Comments/Restrictions