



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

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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?		
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?				
Have you tried to get a bank loan, family loan, or help from other agencies to pay on your bill?				
Do you have a plan on how to avoid needing emergency assistance in the future? Explain.				

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

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:	or
CSSB (LIHEAP Representative)	Date

Emergency Assistance Payments

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

Does this bring applicant current?	Referred for Self Reliance?	Referred for Energy Share?
Has Plan of Action (SFN 11) been completed?		List Other Agencies Referred To

Comments/Restrictions