

**MRE ENERGY ASSISTANCE APPLICATION**

PO BOX 318  
SHELBY, MT 59474

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Monthly Income \_\_\_\_\_

**Monthly Expenditures**(you may estimate from a yearly basis or project future expenses—  
approximate each

**Please list monthly expenses**

Housing \_\_\_\_\_ Energy \_\_\_\_\_

Telephone \_\_\_\_\_ Groceries \_\_\_\_\_

Clothing \_\_\_\_\_ Child Care \_\_\_\_\_

Medical Expenses \_\_\_\_\_

Television(cable)etc \_\_\_\_\_

Water and Sanitation \_\_\_\_\_

Auto and Insurance Expense \_\_\_\_\_

Misc monthly Expense \_\_\_\_\_

Date and signature of Applicant

**Please return application to cooperative** via the mailing address above or return to the office during  
regular business hours.

**MRE ENERGY ASSISTANCE APPLICATION**

PO BOX 729  
SHELBY, MT 59474

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address including City

\_\_\_\_\_  
Telephone (home, work, cell)

\_\_\_\_\_  
Social Security Number and birthdate of applicant

\_\_\_\_\_  
Names and birthdates of all other household members-use back of this page if needed

**Monthly Income for all members of household**

_____ FAIM	_____ Self Employment	_____ Property Income
_____ Food Stamps	_____ Wages	_____ Alimony
_____ SSI	_____ Child Support	_____ Worker's Comp
_____ VA	_____ Unemployment	_____ Gen Assist
_____ Interest Income	_____ Soc Sec	_____ Retirement

Other \* (indicate source) \_\_\_\_\_

Estimated Annual Income from all sources \_\_\_\_\_

Are you receiving other energy aid? \_\_\_\_\_ If yes, list sources? \_\_\_\_\_

May we check with those sources? \_\_\_\_\_

Include a copy of your most recent energy bill, a letter of service from your supplier for oil or propane or an estimate of your annual heating costs for other energy sources.

Describe your energy assistance need. (Please use another sheet if necessary to describe all pertinent information relating to your energy assistance needs.) **Give as much information as possible to allow the committee to make an informed decision.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_