



**EMERGENCY ASSISTANCE APPLICATION**  
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 LIHEAP  
 SFN 62 (7-2022)

<input type="checkbox"/> Energy Share
<input type="checkbox"/> LIHEAP Emergency Assistance

Name		Social Security Number*		Telephone Number	
Address			City		State    ZIP Code
County		Ages of All Household Members-List Applicant's Age First			
Emergency assistance is needed with what fuel? <input type="checkbox"/> Electricity <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Coal			Emergency assistance is needed other than fuel? <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		

\* The Privacy Act of 1974 (P.L. 93-579, Section 7) requires the following information be provided when individuals are requested to disclose their social security number. Disclosure of your social security number is voluntary and it is requested for identification purposes. Failure to disclose this information will not affect participation in this program.

**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 (One 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.

I understand that by checking this box and typing my name below, I am signing the Emergency Assistance Application. I agree that my electronic signature is the legal equivalent of my handwritten signature.

Signature	Date
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You may choose to print this Emergency Assistance Application and submit your signed application by fax, mail or in person to:  
Local Human Service Zone Office  
See the Application for Assistance Guidebook at [applyforhelp.nd.gov](http://applyforhelp.nd.gov) for a list of Zone Offices.

**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)

**Emergency Assistance Payments**

Date of Payment	Reason Code	Heat Type	Usage	Invoice/Account Number	Amount Requested	Amount Paid
<b>Total Paid</b>						

Does this bring applicant current? <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred for Self Reliance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred for Energy Share? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has Plan of Action (SFN 11) been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No-Why not?		
List Other Agencies Referred To		
Comments/Restrictions		