


ENERGY SHARE
 OF WYOMING
 energyshareofwyoming.org

1) Last Name _____ First Name _____ Spouse _____
 Address _____ Phone _____
 Number Street City State Zip

2) Fill in all information below for household member (list self first) No. in home _____

NAME: First & Last	Birthdate	Occupation	Social Security #:

3) Have you ever received Energy Share? No _____ Yes _____ When _____

4) Describe your emergency situation: (For example: medical, unemployment, etc.) Attach separate sheet.

5) List the amount of gross income received by all household members in the past six months.

Source	Amount	Source	Amount
<i>(Please attach copies of income proof)</i>			
WAGES & SALARIES	\$	VETERANS' BENEFITS	\$
SOCIAL SECURITY	\$	AFDC	\$
S.S.I.	\$	TRAINING STIPENDS	\$
UNEMPLOYMENT COMP.	\$	WORKERS' COMP.	\$
ALIMONY	\$	CHILD SUPPORT	\$
S.S.D.I.	\$	PENSIONS	\$
RETIREMENT BENEFITS	\$	STRIKE BENEFITS	\$
SELF EMPLOYED	\$	OTHER FROM ANY SOURCE	\$

6) Have you applied for L.I.E.A.P.? Yes _____ No _____ Results _____

7) Do you OWN _____ or RENT _____ your home? What is your monthly rent? _____

8) Total of checking, savings, C.D.'s, bonds, etc.: _____

9) Total of unreimbursed & uninsured medical payments for the past year: _____

10) List any monetary payment for which you are responsible: *(Include copies of payment amounts & amounts still owing. Attach separate sheet if necessary.)*

1. _____ Creditor Payment Amt Payment Amt Past Due \$	2. _____ Creditor Payment Amt Payment Amt Past Due \$
3. _____ Creditor Payment Amt Payment Amt Past Due \$	4. _____ Creditor Payment Amt Payment Amt Past Due \$

Submission of this application does not guarantee energy assistance.

Disclosure Statement

I certify that the information provided is true, complete and correct. I understand that a false certification could subject me to criminal charges, including fraud and/or receiving goods/services under false pretenses. I, therefore, authorize the release of any and all information deemed necessary by Energy Share of Wyoming or its agents to determine the validity of my application.

Applicant's Signature: _____ Date: _____

For quickest response, please submit copies of originals only.



Please mail your application to the office closest to you:

The Salvation Army
 P.O. Box 2948
 Casper, WY 82602
 307-234-2002
 877-461-5719 (toll-free)

The Salvation Army
 601 E. 20th St.
 Cheyenne, WY 82001
 307-634-2769

The Salvation Army
 P.O. Box 161
 Gillette, WY 82717
 307-682-6982

The Salvation Army
 P.O. Box 2011
 Sheridan, WY 82801
 307-672-2444