



**ENERGY SHARE**  
OF WYOMING

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 \_\_\_\_\_  
*(A rejection letter must accompany this application.)*

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  
 P.O. Box 385  
 Cheyenne, WY 82003  
 307-634-2769



The Salvation Army  
 P.O. Box 1064  
 Laramie, WY 82070  
 307-742-5414

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