



# Department of Public Health and Human Services STATE OF MONTANA

## Low Income Home Energy Assistance Program (LIHEAP & Weatherization Application)

To apply for LIHEAP this application must be completed and returned to your local eligibility office. LIHEAP heat assistance applications will NOT be accepted after April 30, 2026. However, you can apply for Weatherization all year. LIHEAP and Weatherization benefits are only for the dwelling you live in at the time of application. If you move any time after applying, please contact your LIHEAP/Weatherization office.

Complete each section of the LIHEAP/Weatherization application. You must also provide verification of all identities, incomes, resources, heat, and electric. (See table at right).

**A LIHEAP/Weatherization application cannot be processed without verifications.**

**Failure to provide all requested information and verifications within 30 days of request, will delay eligibility determination and may result in application denial.**

LIHEAP/Weatherization eligibility will be determined based upon the circumstances at the time of application.

If you or a household member is over the age of 60, or a person with a disability, call 1-800-551-3191 for help filling out this application.

**Send completed application and all required documentation to your local eligibility office.**

**Note:** Applicants who live on a reservation (other than the Crow Reservation), and who are Native American, enrolled tribal members or direct descendants, should contact their Tribal LIHEAP office for heating bill assistance. Native American household members who live on the Crow reservation should contact District VII Human Resource Development Council (Billings) for assistance.

Application submitted in month of:	Provide income verification for the month of:
August 2025	July 2025
September 2025	August 2025
October 2025	September 2025
November 2025	October 2025
December 2025	November 2025
January 2026	December 2025
February 2026	January 2026
March 2026	February 2026
April 2026	March 2026
May 2026	April 2026
June 2026	May 2026
July 2026	June 2026

## **APPLICANT RIGHTS**

- To tell their story in their own way.
- To continue to be responsible for themselves.
- To receive individual assistance in completion of the application.
- To inquire and be informed in writing and/or orally about coverage, conditions of eligibility, scope of the program and related services available, including systems conversions, regular benefits, and emergency benefits.
- To be determined eligible or ineligible, based upon the information and corresponding documentation provided for the completed application, within forty-five (45) days of receipt of the completed application.
- To receive timely written notice of denial, reduction, or termination of assistance.
- To be informed of the right to a Fair Hearing.
- To have a confidential relationship with the sub-grantee and the Department.
- To be informed of other services of the Department of Public Health and Human Services (DPHHS).
- To not be discriminated against on the grounds of race, color, sex, culture, age, creed, marital status, physical handicap, mental handicap, and national origin.

### **Fair Hearing Rights:**

If the completed application has not been acted on in a timely manner or if you disagree with any adverse action taken on your case, you may request a fair hearing. A fair hearing request may be filed with your local Eligibility Office or the Office of Administrative Hearings. The Office of Administrative Hearings address is:

Office of Administrative Hearings - Box 202922 - Helena, Montana 59620-2922

## **APPLICANT CHECKLIST**

### **Make sure you have done the following things:**

- Completed all spaces on the application, especially Income in Section 6 and each Resource line in Section 7.
- Completed physical and mailing address information.
- Ensured that all people who reside in the dwelling are included on the application.
- Ensured that the primary applicant 18 or older has signed Section 9.
- Included a copy of your most recent heat and electric bill(s) for the assistance for which you are applying.
- Included verification of all gross incomes received in the past month, from all sources, for all members of the household aged 18 years or older and regardless of relationship.
- Included full month of bank statements for all open bank accounts and verification of other resources including online banks, Reliacard, Direct Express, and employer payroll cards for all household members.
- Included photo identification for all household members aged 18 or older and photo identification or birth certificates for all household members younger than 18.
- Included Social Security Numbers (SSNs); or if any household member does not have a SSN; included proof of citizenship or lawful entry into the US with the intent of establishing permanent residency; for all household members.
- Checked the address list on the last page for mailing your completed application to the correct eligibility office.
- If anyone in your household pays premiums for health, dental, or optical insurance, provide verification of those payments for the prior month for a possible reduction to your countable income.
- Providing missing verification and documentation - any requested additional information must be submitted within 30 days to complete the application.

**NOTE: You should receive a letter within 45 days of applying, telling you whether you are eligible or if additional information is needed. Your application cannot be processed without all the information requested. If you do not receive a letter within 45 days, please contact your local office.**

**Local Eligibility and Tribal LIHEAP Offices**  
Find your county and return the application to the office listed.

<b>If you live in this County:</b>	<b>Return your LIHEAP/Weatherization Application and Verifications to:</b>
Carter, Custer, Daniels, Dawson, Fallon, Garfield, McCone, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley, Wibaux	<b><u>Action for Eastern Montana</u></b> 2030 North Merrill Glendive, MT 59330-1309 Ph. 377-3564 or 1-800-227-0703
Blaine, Hill, Liberty	<b><u>District 4 HRDC</u></b> 2229 5 <sup>th</sup> Avenue Havre, MT 59501 Ph. 265-6743 or 1-800-640-6743
Fergus, Golden Valley, Judith Basin, Musselshell, Petroleum, Wheatland	<b><u>District 6 HRDC</u></b> Centennial Plaza 300 First Avenue North, Room 203 Lewistown, MT 59457 Ph. 535-7488 or 1-800-766-3018
Big Horn, Carbon, Stillwater, Sweet Grass, Yellowstone	<b><u>District 7 HRDC</u></b> 3116 First Ave North P.O. Box 2016 Billings, MT 59103 Ph. 247-4778 or 1-800-433-1411
Cascade, Chouteau, Glacier, Pondera, Teton, Toole	<b><u>Opportunities Inc.</u></b> 905 First Ave North P.O. Box 2289 Great Falls, MT 59403-2289 Ph. 761-0310 or 1-800-326-0955
Broadwater, Jefferson, Lewis & Clark	<b><u>Rocky Mountain Development Council LIHEAP Office</u></b> 648 N. Jackson P.O. Box 1717 Helena, MT 59626-1717 Ph. 447-1625 or 1-800-356-6544
Gallatin, Meagher, Park	<b><u>District 9 HRDC</u></b> 206 E. Griffin Drive Bozeman, MT 59715 Ph. 587-4486 or 1-800-332-2796
Beaverhead, Deer Lodge, Granite, Madison, Powell, Silver Bow	<b><u>Action Inc. – Human Resource Council</u></b> 25 W Silver Street, Butte, MT 59701 P.O. Box 39, Butte, MT 59703 Ph. 533-6855 or 1-800-382-1325
Missoula, Mineral, Ravalli	<b><u>District XI Human Resource Council</u></b> 1801 South Higgins Missoula, MT 59801 Ph. 728-3710
Flathead, Lake, Lincoln, Sanders	<b><u>Community Action Partnership of NW MT</u></b> 1820 US Hwy 93 S. Kalispell, MT 59901 Ph. 758-5433 or 1-800-344-5979 <a href="http://www.capnm.net">www.capnm.net</a>

**TRIBAL ELIGIBILITY OFFICES:**

If you live in:	Return your LIHEAP/Weatherization Application and Verifications to:
Blackfeet	<b><u>Blackfeet Nation</u></b> PO Box 850 All Chief's Square Browning, MT 59417 Ph. 406-338-7521
Fort Peck: Assiniboine, Sioux	<b><u>Fort Peck Assiniboine and Sioux</u></b> 501 Medicine Bear Rd. PO Box 1027 Poplar, MT 59255 Ph. 406-768-2300
Rocky Boy's: Chippewa Cree	<b><u>Rocky Boy LIHEAP Office</u></b> Rocky Boy Route PO Box 568 Box Elder, MT 59521 Ph. 406-395-4728
Crow	<b><u>District 7 HRDC</u></b> 3116 First Ave North P.O. Box 2016 Billings, MT 59103 Ph. 247-4778 or 1-800-433-1411
Fort Belknap: Gros Ventre, Assiniboine	<b><u>Fort Belknap Community Council</u></b> Box 66, R.R. 1 Harlem, MT 59526 Ph. 406-353-8499
Northern Cheyenne	<b><u>Northern Cheyenne</u></b> 600 Cheyenne Ave. PO Box 128 Lame Deer, MT 59043 Ph. 406-477-6691
Confederated Salish and Kootenai	<b><u>CSKT LIHEAP Office</u></b> PO Box 278 Pablo, MT 59855 Ph. 406-675-2700

# LIHEAP and Weatherization Application

## Section 1 HOUSEHOLD ADDRESS INFORMATION

Complete information for where you are currently living at the time of application. If you move before or after approval, you must reapply.

**Physical Address:** (heat/electricity address): \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Mailing Address or PO Box:** (if different): \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

What date did you move to this address? \_\_\_\_\_

If after 10/1/2025, did you move here from out of state? **Yes No**

Is this property located within the boundaries of a Native American reservation? **Yes No**

Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone (Specify): \_\_\_\_\_ Email Address (Optional): \_\_\_\_\_

Use the codes below to complete **Section 2 – HOUSEHOLD MEMBERS** section on the next page.

<p><b><u>Relationship:</u></b></p> <p><b>SP/SO</b> - Spouse/Significant Other  <b>CH</b> - Child  <b>GC</b> - Grandchild  <b>FC</b> - Foster Child  <b>PA</b> - Parent  <b>SB</b> - Sister/Brother  <b>AU</b> - Aunt/Uncle  <b>NN</b> - Niece/Nephew  <b>CO</b> - Cousin  <b>EX</b> - Ex-Spouse  <b>NR</b> - Not Related  <b>OR</b> - Other-Related</p> <p><b><u>Hispanic Status, US Citizen, Tribal Member, Disabled:</u></b>          Yes or No</p> <p><i>NOTE: Entries for gender, Hispanic, and race are not required.</i></p>	<p><b><u>Race Status:</u></b></p> <p>(Multiple Selections Allowed)</p> <p><b>1</b> - White  <b>2</b> - Black/African American  <b>3</b> - American Indian/Alaska Native  <b>4</b> - Asian  <b>5</b> - Native Hawaiian/Pacific Islander</p> <p><b><u>Highest Grade Completed:</u></b></p> <p><b>0 – 11</b> - Grades  <b>GED</b> - GED-Completed  <b>HS</b> - High School Diploma  <b>12+</b> - Grade 12 + some post-secondary  <b>AS</b> – 2 Year College Graduate  <b>VT</b> – Vo-Tech Graduate  <b>BA</b> – 4-year College Graduate  <b>MS</b> – Graduate/other post-secondary  <b>PTS</b> – Part time enrolled college/university student  <b>FTS</b> – Full time enrolled college/university student</p>	<p><b><u>Military Status</u></b></p> <p><b>V</b> – Veteran  <b>AM</b> – Active Military  <b>NA</b> – Not Applicable</p> <p><b><u>Health Insurance Status:</u></b></p> <p><b>MA</b> - Medicaid  <b>MC</b> - Medicare  <b>PV</b> – Private (Direct Purchase)  <b>CH</b> - Healthy Montana Kids  <b>HA</b> – State Health Ins for Adults  <b>VA</b> - Veterans Administration  <b>EB</b> – Employment Based  <b>OT</b> - Other  <b>NN</b> - None / Unknown</p>
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**Section 2 HOUSEHOLD MEMBERS**

List everyone who lives in the home. Attach another sheet for additional household member information if needed.

**Provide all requested information for all persons living in the house regardless of relationship whether you consider them a household member or not.**

<b>How many people live in this residence? ____</b> <b>List everyone below:</b>  First Name, MI, Last Name	Alias or Maiden Name (Other Names Used)	Relationship to Primary Individual	Social Security Number (SSN)	Birth Date (MM/DD/YYYY)	Gender	Hispanic	Race	U.S. citizen	Tribal Member	Military Status	Disabled	Health Insurance	Highest grade Completed
01		SELF (Primary Individual)											
02													
03													
04													
05													
06													
07													
08													

**TRIBAL STATUS** (if applicable)

**Note:** All adult household members who live on a reservation (other than the Crow Reservation), and who are Native American, enrolled tribal members or direct descendants should contact their Tribal office for assistance. Native American household members who live on the Crow Reservation should contact District VII Human Resource Development Council (Billings) for assistance.

List each Tribal Member/Direct Descendant's tribal affiliation(s): \_\_\_\_\_

**VETERAN STATUS**

Do any Veteran household members receive VA compensation? **Yes No**

**If yes**, provide a copy of VA award letter.

**WEATHERIZATION**

Do any household members have respiratory health conditions to consider for weatherization of the residence? **Yes No**

**If yes**, which household members? \_\_\_\_\_

**If yes**, list conditions. If you need additional space, include a separate piece of paper.

**CHILD STATUS** (Provide Child Support case #s and verification)

Does each child listed on the application live in this home more than 50% of the time? **Yes No**

Is there an active Child Support order for any of the children listed on the application? **Yes No**

**If yes**, from what state? \_\_\_\_\_

Has a household member received support (even if not ordered) in the past month for any child listed on the application? **Yes No**

**If yes**, specify which child(ren) \_\_\_\_\_

**How did you hear about LIHEAP?**

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**Section 3 HOUSING TYPE INFORMATION**

<b>Housing type: (check one)</b> <input type="checkbox"/> Mobile Home <input type="checkbox"/> Double-Wide Mobile Home <input type="checkbox"/> House – Modular (Single Family) <input type="checkbox"/> Apartment or Duplex, etc. * ○ Total # of units in building: _____) <input type="checkbox"/> NonTraditional Housing (Camper, RV, etc.)		<b>Number of bedrooms:</b> <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> Six
<b>Rent or Own Home:</b> <input type="checkbox"/> Own Home <input type="checkbox"/> Rent Home  Year Home was built? _____	<b>Rent Mobile Home Lot:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Does your rent include:</b> <input type="checkbox"/> Electricity <input type="checkbox"/> Heat <input type="checkbox"/> Both <input type="checkbox"/> None
Do you receive governmental rent assistance? <b>Yes No</b>  Monthly Rent/Mortgage Amount \$_____		
If you rent, provide name, address, and telephone number of your landlord:  Landlord Name _____ Phone Number ( ) _____ Address _____ City/State/Zip_____		

**Section 4 HOME HEAT AND ELECTRICITY INFORMATION**

<b>Heat Service You Use the Most (Mark One)</b> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood <input type="checkbox"/> Coal  <b>Main Vendor</b> _____ <b>Account number</b> _____ <b>Past due amount if owed:</b> _____	<b>Additional Utility Service(s) (Mark all that apply)</b> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood <input type="checkbox"/> Coal  <b>Additional Vendor</b> _____ <b>Account number</b> _____ <b>Past due amount if owed:</b> _____
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**Note:** A copy of your most recent HEAT or Electric bills showing NAME, current ADDRESS and ACCOUNT NUMBER(s) must be attached. If your main heat source is oil or propane and you do not have a bill; obtain a letter of service from your supplier. If your main heat is wood, if your main heat is included in your rental payment or your main heat is not in your name; contact your local eligibility office as you may need an additional form.

If you live in Non-Traditional Housing, Camper, or RV, are you plugged into a permanent electrical source? **Yes No**

What is your electrical source?  Plugged-In  Generator  Solar  Batteries

Other: \_\_\_\_\_

**If yes,** are there any unsafe conditions present in the Non-Traditional dwelling that may cause a potential health and safety hazard to the occupants (*A heating appliance in a nontraditional dwelling that is not installed or operating according to the manufacturer's specification or current code is considered an unsafe condition.*) **Yes No**

If your heat or electric is not in a household member's name, whose name is on the bill?

\_\_\_\_\_

In the past year has your household applied for or received assistance with heat or electric from another agency? **Yes No**

**If yes,** please specify where, when and provide verification of the assistance amount:

\_\_\_\_\_

Do you have Central Air Conditioning? **Yes No**

Do you have Window/Wall Air Conditioning (including evaporative cooler) **Yes No**

Has your household received a utility (heat) past due notice in the last 30 days? **Yes No**

Do you have less than 10% Deliverable Fuel (oil/propane/coal/wood) on hand? **Yes No**

Is your utility (heat) service currently disconnected? **Yes No**

Are you completely out of Deliverable Fuel (oil/propane/coal/wood)? **Yes No**

Is the household main heat source working properly? **Yes No**

**If your furnace or main heat is not working properly, describe:**

\_\_\_\_\_

\_\_\_\_\_  
(Other assistance may be available)

**Note:** If all members of your household receive SNAP, or individual circumstances in SSI, or TANF exist during the month you apply, you may be exempt from providing verification of the items in Sections 5 and 6. Contact your local office for more information.

Does everyone in your household currently qualify for SNAP, SSI, and/or TANF benefits?    **Yes**    **No**

If **yes**, please list household members: \_\_\_\_\_

**Section 5 RESOURCES AND BUSINESS EQUITY**

Please answer all questions for each resource listed below, for all household members age 18 and over regardless of relationship. If the resource listed does not apply to your household, please print "None" under each section headed "FINANCIAL INSTITUTION".

<b>RESOURCE</b> <b>You must provide the most recent bank statement(s) or other verification of all resources, dated within 30 days of application date.</b>	<b>FINANCIAL INSTITUTION</b>	<b>CURRENT VALUE</b>
1. Cash on Hand: \$_____		\$
Checking Account(s): \$_____		
Savings Account(s): \$_____		
2. Certificates of Deposit – Individual Retirement Accounts - Tax Sheltered Annuities - 401(K); 403(B) or any other retirement account.		\$
3. Cash value of stocks, bonds, and other investments.		\$
4. Value of business assets, rental properties, or property leases. (Self-employed households <b>must</b> provide this information).		\$
5. Physical address(es) and County of property/real estate other than the home in which you live and its adjoining land.		\$
6. If you sold any real estate property within the past 12 months, provide closing settlement papers, and specify if it was your primary residence.		

**Section 6 SOURCES OF INCOME**

Please check **ALL** the following sources of income that have been received by **ALL MEMBERS** of your household within the month prior to month of application.

<p><b>Income type: (check all that apply)</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> TANF (includes Tribal)</li><li><input type="checkbox"/> SNAP</li><li><input type="checkbox"/> Supplemental Social Security Income</li><li><input type="checkbox"/> Veteran Administration</li><li><input type="checkbox"/> General Assistance (includes Tribal)</li><li><input type="checkbox"/> Social Security</li><li><input type="checkbox"/> Pension/Retirement Income</li><li><input type="checkbox"/> Financial Aid</li><li><input type="checkbox"/> Educational Grants</li></ul>	<p><b>Income type: (check all that apply)</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Self-Employment* (includes odd jobs)</li><li><input type="checkbox"/> Wages / Tips / Salary</li><li><input type="checkbox"/> Unemployment</li><li><input type="checkbox"/> Interest Income</li><li><input type="checkbox"/> Property Income</li><li><input type="checkbox"/> Non-cash Income</li><li><input type="checkbox"/> Alimony Payments</li><li><input type="checkbox"/> Worker's Compensation</li><li><input type="checkbox"/> Loans</li><li><input type="checkbox"/> Gifts (Cash)</li><li><input type="checkbox"/> Utility Payment (Section 8 Housing)</li></ul>
<p><input type="checkbox"/> <b>Child Support:</b> If paid through MT CSED, provide case #s: _____</p> <p><input type="checkbox"/> <b>Other Income</b> If checked, please explain _____ _____ _____</p>	

**Note:** If anyone in your household pays premiums for health, dental, or optical insurance, provide verification of those payments for the prior month for a possible reduction to your countable income.

**COPIES OF DOCUMENTATION TO VERIFY ALL GROSS INCOME FOR ONE MONTH PRIOR TO APPLICATION, MUST BE INCLUDED**

**\*Self-employment requires the past 12 months documentation.**

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**\*Self-employment requires the past 12 months documentation.**

**Section 7 INCOME OF HOUSEHOLD MEMBERS**

Enter the requested information for all household members aged 18 or older regardless of relationship for the month preceding the month of application.

<b>Name (Who Received Income)</b>	<b>Sources and Amounts of Gross Income (Specify Each Source)</b>	<b>Gross Monthly Income</b>
1.		
2.		
3.		
4.		

*If there is zero (0) income for the household, please explain your means of survival.*

**COMMENTS:** If you wish to make any comments regarding any special situation, or you wish to clarify any of your responses, please do so in the space provided below. If you need additional space, please use a separate piece of paper.

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**Section 8 AUTHORIZATION**

READ THE FOLLOWING. SIGN AND DATE WHERE INDICATED.

I understand that this application is for Federal funds and that any falsification or concealment of a material fact may be prosecuted under Federal or State Laws. I understand the application must include information for all individuals living in the household including all gross income and resources. False, misleading, or incomplete information may result in the denial or termination of assistance, and/or potential repayment of assistance funds provided. If you are receiving another form of federal assistance and it is determined that there was a duplication in subsidy, you will be required to return the funds that were overpaid to Montana Department of Public Health and Human Services.

I understand that LIHEAP Heat Assistance benefits are computed for October 1 through April 30. I am responsible for any other costs not covered by any benefits I may have received. I certify that the information provided herein is true, complete, and correct to the best of my knowledge. I authorize the Department to communicate and share information to all third-party payees listed in the application and persons or organizations assisting in the application process, including but not limited to, late fees, security deposit, utility, or utility deposit information. I have read; or have had read to me; all the above and all questions have been answered to my satisfaction.

**RELEASE OF CONFIDENTIAL INFORMATION (AUTHORIZATION TO MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO OBTAIN PERSONAL INFORMATION)**

I authorize any individual, company, agency, or other entity which has information about me or my household, including, but not limited to, the information sources listed below to release or disclose information to the Montana Department of Public Health and Human Services (DPHHS) and/or to any agent or contractor of the DPHHS which is authorized to determine eligibility for Heat or Weatherization benefits. I authorize the disclosure or release of any information relevant to my eligibility for Heat or Weatherization benefits, including, but not limited to, the information to be released or disclosed listed below. I understand any information obtained will be kept confidential and will be used only for the purposes directly connected with the administration of benefits or services and only during the pertinent time period. I further understand that any information obtained may be released or disclosed to a proper government agency, court of law, or law enforcement agency for purposes of legal investigative actions concerning fraud. I further understand that information contained on this application can be used in DPHHS electronic databases for the determination of eligibility for programs and/or to record services provided to my household for federal and/or state reporting purposes.

**INFORMATION SOURCE:** Banks, Savings & Loans, Credit Unions, Employers, Social Security Administration, Veterans Administration, State Department of Labor and Industry, Internal Revenue Service, State Department of Revenue, State Compensation Insurance Fund, Unemployment Compensation Division, County Clerk & Recorder, Bureau of Indian Affairs, Utility Suppliers and Vendors, Other Social Services Providers, Landlord, Child Support Enforcement Division, Offices of Public Assistance, Montana Emergency Rental Assistance, Energy Share, other assistance programs and other sources for which a household may be eligible and to reduce potential for duplication of effort.

**INFORMATION TO BE RELEASED OR DISCLOSED:** Checking, Savings, Certificates of Deposit, Stocks & Bonds, Safety Deposit Boxes (to be opened only in the presence of the client or his agent and representatives of the financial institution), Gross Earnings, Social Security Payments, V.A. Benefits, Personal and Business Income, Workers Compensation, Unemployment Compensation, Family Composition, Size of Home, Per Capita Payments, Lease Payments, Indian Income Maintenance (IIM) Accounts, Amount of Heat Assistance received from agencies, Utility Account Information: including, but not limited to, Utility Account and Billing Information, Child Support Payments, Benefit Information.

**Signature of Primary Individual. If signing on a person’s behalf provide a copy of the Power of Attorney or Payee authorization.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Office Use only:** Application receive date: \_\_\_\_\_ Application Complete: Y / N