Application for HOME ENERGY ASSISTANCE

Please answer all questions. Failure to do so may result in delayed assistance.

EMERGENCY TYPE

What type(s) of emergency are you experiencing? Select at least one and up to two options.

☐ My electricity and/or gas service is currently shut off.
☐ My propane, fuel oil or kerosene tank is empty OR I am out of wood, pellets or coal.
☐ I received a disconnect notice but my electricity and/or gas is not disconnected. Disconnect scheduled for: ___/___/____
☐ I have a past due balance on my electricity/gas bill.
☐ My propane, fuel oil or kerosene tank is at 30% or below OR I am low on wood, pellets or coal.

APPLICANT INFORMATION

Full Legal Name (First, Middle, Last)________________________________________________________ Date of Birth ___/___/____
Home Address ____________________________________________________ County ______________
City __________________________ State ___________ Zip ______________
Mailing Address ____________________________________________ County ______________
City __________________________ State ___________ Zip ______________
Email ____________________________________________________________
Preferred Phone # __________________________ Alternate Phone # __________________________

HOUSEHOLD INFORMATION

List ALL members of your household and include monthly income before taxes for those who receive it.

1) Name __________________________ Relationship ________ Age ________ Monthly Income $________
2) Name __________________________ Relationship ________ Age ________ Monthly Income $________
3) Name __________________________ Relationship ________ Age ________ Monthly Income $________
4) Name __________________________ Relationship ________ Age ________ Monthly Income $________
5) Name __________________________ Relationship ________ Age ________ Monthly Income $________
6) Name __________________________ Relationship ________ Age ________ Monthly Income $________

TOTAL Monthly Income Pre-Tax $________

UTILITY/COMPANY ACCOUNT INFORMATION

Which energy bill(s) do you need assistance with? List up to two accounts.

Account Holder Name ____________________________________________ ☐ Same as above
If applicable, why is the bill not in your name? __________________________
If you are not the account holder, are you listed on the account? ☐ Yes ☐ No

1) Company Name __________________________ Account Number __________________________
   Account Type ☐ Electric ☐ Gas ☐ Electric and Gas ☐ Propane ☐ Wood ☐ Pellets ☐ Coal ☐ Kerosene ☐ Oil
2) Company Name __________________________ Account Number __________________________
   Account Type ☐ Electric ☐ Gas ☐ Electric and Gas ☐ Propane ☐ Wood ☐ Pellets ☐ Coal ☐ Kerosene ☐ Oil

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HOUSING INFORMATION
What type of home do you live in? □ House □ Apartment □ Mobile Home
□ Duplex/Triplex/Fourplex □ Townhouse
Do you own or rent your home? □ Own □ Rent
Are you interested in free home improvements to lower your energy bills? □ Yes □ No

DEMOGRAPHIC INFORMATION
Your answers to the following questions will not affect your eligibility for assistance.
Gender: □ Female □ Male
Employment Status: □ Full Time □ Part Time □ Unemployed □ Retired □ Other
Are you disabled? □ Yes □ No
Are you a veteran? □ Yes □ No
Race: □ American Indian/Alaska Native □ Asian □ Black/African American □ Caucasian
□ Hispanic/Latino □ Native Hawaiian/Pacific Islander □ Other

LOW-INCOME ENERGY ASSISTANCE PROGRAM (LEAP) STATUS
Have any of the situations below applied to you in the past year? Check all that apply.
□ I went without food so that I could pay my energy bill.
□ I went without medication(s) or medical care so that I could pay my energy bill.
□ I was at risk of being evicted because I could not afford to pay my utilities.
□ I was evicted because I could not afford to pay my utilities.
□ I kept the temperature in my home very cold/warm because I couldn’t afford to heat/cool my home to a comfortable level.
□ None

BENEFIT INFORMATION
Does your household receive any of the benefits listed below?
□ Aid to the Blind (AB) □ Social Security Disability Income (SSDI)
□ Aid to the Needy Disabled (AND) □ Social Security Income (SSA)
□ Food Stamps (SNAP) □ Supplemental Security Income (SSI)
□ Medicare □ Women, Infants, & Children (WIC)
□ Medicaid □ Temporary Aid to Needy Families (TANF)
□ Old Age Pension (OAP) □ Veteran’s Disability
□ Section 8 □ None
□ Public housing/rental assistance

CONSENT AND SIGNATURE
I certify that the information in this application and supporting documentation is accurate and true to the best of my knowledge. By signing this document, I release Energy Outreach Colorado (EOC) and its partner agencies to exchange with other entities including, but not limited to, energy vendors any essential information about my case that is necessary to obtain resources to meet my needs for assistance. Any information exchanged with third parties will be done so without discrimination and with respect for my rights. This information will be used solely for the purpose of providing me with energy assistance and related services. In addition, I consent to be contacted about other programs and services such as solar subsidies and weatherization that may help me to reduce my long-term energy costs. I hereby release EOC, its officers, directors, employees, agents, and affiliated entities from any liability related to the supplying of the information on this application.

Signature of Applicant

Date

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