

BILL PAYMENT ASSISTANCE APPLICATION



PLEASE RETURN TO

EMAIL

FAX

PHONE

APPLICANT INFORMATION

FULL LEGAL NAME (FIRST, MI, LAST)

PREFERRED PHONE

ALTERNATIVE PHONE

EMAIL ADDRESS

HOME ADDRESS

CITY

STATE

ZIP CODE

COUNTY

SAME AS ABOVE

MAILING ADDRESS

CITY

STATE

ZIP CODE

HOUSEHOLD INFORMATION

ANNUAL HOUSEHOLD INCOME \$

(INCLUDING ANNUAL INCOME FOR ALL MEMBERS OF THE HOUSEHOLD)

APPLICANT DATE OF BIRTH

MM|DD|YYYY

List **all** additional members of your household (if applicable) and their date of birth(s).

1 NAME

BIRTH DATE

1 NAME

BIRTH DATE

2 NAME

BIRTH DATE

2 NAME

BIRTH DATE

3 NAME

BIRTH DATE

3 NAME

BIRTH DATE

TOTAL NUMBER OF HOUSEHOLD MEMBERS (INCLUDING APPLICANT)

DEMOGRAPHIC INFORMATION

GENDER

MALE

FEMALE

NON-BINARY

OTHER

PREFER NOT TO SAY

ETHNICITY

HISPANIC/LATINX/SPANISH

NOT HISPANIC/LATINX/SPANISH

UNKNOWN/NOT REPORTED

RACE

ASIAN

BLACK/AFRICAN AMERICAN

HAWAIIAN/PACIFIC ISLANDER

MULTI-RACE

NATIVE AMERICAN/ALASKAN NATIVE

WHITE

OTHER

UNKNOWN/NOT REPORTED

EMPLOYMENT STATUS

FULL TIME

PART TIME

UNEMPLOYED

RETIRED

OTHER

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

ADDITIONAL INFORMATION

Your answers to the following questions will not affect your eligibility for assistance.

Is anyone in your household: Disabled?

YES

NO

A veteran?

YES

NO

PREFERRED LANGUAGE

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 cold/warm because I couldn't afford to heat/cool my home at a comfortable level.

None

LOW-INCOME ENERGY ASSISTANCE PROGRAM (LEAP) STATUS

WHAT IS YOUR LEAP STATUS?

All applicants are encouraged to apply for LEAP during the LEAP season (Nov. 1st - April 30th). If you are not sure what LEAP is, please ask.

Did not apply Received LEAP in the past 12 months Application Denied Not Eligible

BENEFIT INFORMATION

DOES YOUR HOUSEHOLD RECEIVE ANY OF THE BENEFITS LISTED BELOW?

AID to the Blind (AB)	Housing Choice Voucher (Section 8)	Old Age Pension (OAP)
Social Security Disability Income (SSDI)	Social Security Income (SSA)	Veterans Disability
Medicare	Medicaid	Public housing/rental assistance
Aid to the Needy Disabled (AND)	Supplemental Security Income (SSI)	Women, Infants, and Children (WIC)
SNAP (Food Stamps)	Temporary AID to Needy Families (TANF)	None

ACCOUNT INFORMATION

What is your primary heating source? ELECTRIC GAS PROPANE WOOD
COAL OIL KEROSENE PELLETS

Which 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

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.

CONSENT AND SIGNATURE, SELF-ATTESTATION

I certify that the information in this application and supporting documentation is accurate and true to the best of my knowledge. **I acknowledge that providing false, inaccurate, or incomplete information may result in termination of participation in the program and possible criminal liability.** 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, such as free community solar subscriptions or alternative utility rate structures I may qualify for, of which I will be given written notice and the option to opt out. 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.

NOTE: This application is only valid for 60 days

SIGNATURE OF APPLICANT

DATE