

# 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

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

Annual Household Income \$ (INCLUDING ANNUAL INCOME FOR ALL MEMBERS OF THE HOUSEHOLD)

APPLICANT DATE OF BIRTH MM|DD|YYYY

**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:  ENGLISH  SPANISH  ARABIC  DARI  PASHTO  SWAHILI  OTHER

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? For current LEAP season (if open) or most recent season.

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  Applied, Awaiting Outcome

If you were denied LEAP, what is the reason?

Failure to Provide Info  Over Income  Doesn't Pay Heating Costs  Other  NA

## 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)  SNAP (Food Stamps)  
 Housing Choice Voucher (Section 8)  Social Security Income (SSA)  
 Medicaid  Supplemental Security Income (SSI)  
 Medicare  Temporary AID to Needy Families (TANF)  
 Old Age Pension (OAP)  Veterans Disability  
 Public Housing/Rental Assistance  Women, Infants, and Children (WIC)  
 **None**

## ACCOUNT INFORMATION

What is your primary heating source?  ELECTRIC  GAS  PROPANE  WOOD  
 COAL  KEROSENE  OIL  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 low/empty or I am low/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 energy bill.

## 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. 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