COLORADO
Office of Economic Security
Division of Food & Energy Assistance

LEAP

APPLICATION FORM

(Program Year is November 1st–April 30th)

COMPLETE ALL 4 PAGES AND SIGN PAGE 4

FOR COUNTY USE ONLY		
County	Household Number Basic	Suffix
Case Reg. Adv. Exped	Payment Method Client Vendor	Technician Number
Date Received		

If you need assistance in completing this application, call HEAT HELP at 1-866-432-8435.

● 1. APPLICANT

Last Name	First Name	Middle Name	
Address of Residence	City	State	Zip Code
Mailing Address (If Different Than Residence)	City	State	Zip Code

Telephone or Cellphone Number	Date of Birth	Place of Birth	Age	Sex	Are you a U.S. citizen?	Social Security Number
				☐ Male ☐ Female	☐ Yes ☐ No	

Email Address	In which county do you live?	Are you a registered alien?
		☐ Yes ☐ No

● 2. OTHER HOUSEHOLD MEMBERS

Complete the following for any other members of your household. **"Your household"** means the people who live with you for whom you have financial responsibility. List roommates or members of other families that may be living with you in #3.

Name (List all household members)	Social Security Number	Date of Birth	Relationship to You	Age	Sex	Place of Birth	Do you have income? Yes	Do you have income? No	Are you a U.S. citizen? Yes	Are you a U.S. citizen? No	*Are you a registered alien? Yes	*Are you a registered alien? No

*If you or members of your household are a registered alien, **PLEASE ATTACH A PHOTO COPY (FRONT & BACK) OF THE ALIEN REGISTRATION CARD(S) TO THE APPLICATION.**

● 3. DOES ANYONE ELSE LIVE AT THIS ADDRESS? ☐ Yes ☐ No

List roommates or members of other families that are not part of your household and not listed in #2. If "yes," how many? _____.

Name	Relationship to You	Age

● 4. HOUSEHOLD INCOME

A. Does anyone in your household have work income? ☐ Yes ☐ No

Who Receives It?	How Often Paid?	Gross Monthly Amount	Employer Name	Initial this box that you have attached copies of pay stubs for at least the 4 weeks prior to the date of application

B. Does anyone in your household have self-employment work income? (Includes baby sitting, etc.) ☐ Yes ☐ No

Who Receives It?	How Often Paid?	Gross Monthly Amount	Employer Name	Initial this box that you have attached copies of self-employment profit and loss statement for the month previous to your date of application

C. Does anyone in your household have non-work income (which includes any public assistance programs) as listed below? ☐ Yes ☐ No

Social Security income (SSA); Supplemental Security Income (SSI); Supplemental Security Disability Income (SSDI); Colorado Works (TANF); Old Age Pension (OAP); Aid to the Needy Disabled (AND); child support; alimony/spousal maintenance; veteran's disability; Unemployment Compensation benefits; Workers Compensation/disability or sick benefits; pensions or retirement income; any other income (please describe):

Who Receives It?	How Often Paid?	Gross Monthly Amount	Type of Non-Work Income as Listed Above	Initial this box that you have attached copies of award letters for the month previous to your date of application

D. Did you pay your expenses by a loan last month or a gift from a friend or relative? ☐ Yes ☐ No **If Yes, provide a loan repayment schedule.**

If a loan, what date did you receive the money? _____ How much is the total loan? _____

What date do you begin repaying the loan? _____ How much money per month? _____

If a gift(s) from a friend or relative, what date did you receive the money? _____ How much was the gift? _____

E. How did you pay for these following costs if your household income does not cover your basic living expenses?

Rent: _____ Utilities: _____

● 5. LIVING ARRANGEMENTS

Check (✓) the item that best describes the dwelling where you currently live and are applying for assistance.

☐ House/Modular Home
☐ Duplex/Triplex/Fourplex
☐ Townhouse
☐ Apartment/Condominium
☐ Mobile Home
☐ Rooming/Boarding House
☐ Hotel/Motel
☐ Car/Van/Bus
☐ Group Home
☐ Dormitory
☐ Fraternity or Sorority House
☐ Rehabilitation Center
☐ Correctional Facility
☐ Nursing Home/Residential Care Facility
☐ Other Dwelling, Please Specify: _____
☐ Cabin
☐ Camper
☐ 5th Wheel
☐ RV

Do you rent? ☐ Yes. If yes, what is your monthly rent? $ _____

Do you have a mortgage payment? ☐ Yes.
If yes, what is the monthly mortgage payment? $ _____; or, do you own your dwelling outright? ☐ Yes

Do you pay a lot or space rental amount? ☐ Yes. If yes, what is your monthly space rent payment? $ _____

What is the name and phone number of your apartment complex? _____

● 6. SUBSIDIZED HOUSING

Do you live in Section 8, public housing, or do you receive a subsidy to pay your rent? ☐ Yes ☐ No

Continue ⟶

● 7. HEAT/RENT INFORMATION

ARE YOU HAVING AN EMERGENCY WITH YOUR PRIMARY HEATING FUEL RIGHT NOW? ☐ Yes

If yes, check type of emergency below and attach a copy of the notice from your energy provider:

☐ Already disconnected. Disconnect Date: _____

☐ Received disconnect notice but not yet disconnected. Date disconnect scheduled: _____

☐ Propane tank empty or are you out of a bulk fuel such as wood, fuel oil, etc.? Amount needed for minimum delivery: $ _____

☐ Propane tank at 20% or below. Amount needed for minimum delivery: $ _____

Check (✓) the **main** fuel used to heat (not light) your residence. **CHECK ONLY ONE.**

☐ Natural Gas ☐ Propane ☐ Electricity ☐ Wood ☐ Coal ☐ Fuel Oil ☐ Kerosene ☐ Other: _____

LEAP cannot assist or provide a benefit for any type of portable heating systems.

Check (✓) the way in which the heat (not light) is paid for at your residence.

☐ I pay heating costs directly to a utility company or fuel dealer. **(If so, attach copy of most recent *heating* bill).**

Name of fuel provider: _____ Billing account number: _____

If your electricity is supplied by a different company, please provide:

Electric company name:_____ Account number: _____

If your heat bill is in someone else's name, provide name and address of that person and their relationship to you.

Name: _____ Address: _____ Relationship: _____

Explain why your heat bill is in their name: _____

☐ Heat is included in my rent. (If so, attach a copy of the most recent rent receipt that already shows heat is included.)

☐ Someone other than a member of my household pays my heating costs.
Provide name and address of that person and their relationship to you.

Name: _____ Address: _____ Relationship: _____

Explain why they pay your heat bill: _____

● 8. VERIFICATION OF LAWFUL PRESENCE

State law requires applicants for LEAP to provide additional documents with each LEAP application. A **READABLE COPY** of one of the following **VALID** identifications must be provided:

1. A Colorado Driver License; or, a Colorado Identification Card; or,
2. A United States military card or, military dependant's card; or,
3. A United States Merchant Mariner card; or,
4. A Native American Tribal document.
5. Any other document authorized by rules adopted by the Colorado Department of Revenue (DOR).

IN ADDITION: The applicant for LEAP must also correctly complete, sign and date the Affidavit located below.
For more information regarding Lawful Presence law and requirement please go to the DOR web site at: http://www.colorado.gov/revenue.

AFFIDAVIT

for the Colorado Department of Human Services and the Department of Health Care Policy and Financing as Proof of Lawful Presence in the United States

I, _____, swear or affirm under penalty of or perjury under the laws of the State of Colorado that:

Check only one box

☐ I am a United States citizen, or

☐ I am a legal Permanent Resident of the United States, or

☐ I am lawfully present in the United States pursuant to federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

_____ _____

Signature **Date**

Continue ⟶

● 9. ADDITIONAL INFORMATION

Information reported in this section will not be used to determine your eligibility for LEAP or your payment level. This information will only be used for statistical information.

Check (✓) here if any member of your household is: ☐ Handicapped, ☐ Disabled or a ☐ Veteran

Race of applicant: ☐ Hispanic ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian
☐ Native Hawaiian or Other Pacific Islander ☐ Other

I learned about LEAP from the following source (check only one):

☐ Friend	☐ 1-866-HEAT-HELP (432-8435)	☐ Senior Center	☐ Social Services Office
☐ LEAP Poster	☐ Newspaper	☐ Billboard	☐ PEAK Website
☐ Heating Company	☐ Radio	☐ Bus Benches	☐ Other
☐ Received Application in Mail	☐ LEAP Website	☐ Television	

● 10. CONSENT TO DISCLOSE CUSTOMER DATA

The Colorado LEAP office[1] Heat Help Line: (866) 432-8435
(please refer to the LEAP website for a list of affiliated agencies that may provide you with assistance: www.colorado.gov/cdhs/LEAP)

is requesting that you authorize your utility service provider to disclose the following information to the LEAP office:

- Your utility account payment history and other account details, such as utility charges, payment history, past due amounts, pending deposits, current shut-off due dates or disconnection, current life support status, payment arrangements, and history of energy assistance payments.
- Your general energy usage data for up to twenty-four months (at no greater level of detail than monthly totals), which is customer-specific information that is collected from your ☐ Electric ☐ Natural Gas utility meter by your utility service provider.

The LEAP office will use this information to help determine your eligibility for and assist you in applying to participate in energy assistance programs. If you authorize the disclosure, it will start on the date you sign this application and end when you terminate your participation in the relevant energy assistance program. You have a right to receive a copy of this form.

Please note that:

- You are not required to authorize your utility service provider to disclose your customer data.
- Your decision not to authorize the disclosure will not affect your utility services.
- Your utility service provider may not disclose your customer data except (1) if you authorize the disclosure, (2) to contracted agents that perform services on behalf of the utility, or (3) as otherwise permitted or required by laws or regulations.
- Your utility service provider will have no control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking any steps to ensure that the LEAP office maintains the confidentiality of the data or uses the data as authorized by you.
- Pursuant to section 26-1-114, C.R.S., LEAP will not disclose any private applicant information except for the purpose of administering public assistance as defined by State and Federal laws and regulations.

[1] LEAP is the Colorado Low-Income Energy Assistance Program administered by the Colorado Department of Human Services and LEAP's affiliates.

● 11. SIGNATURE AND CONSENT

By signing below I understand, I acknowledge and agree that:

1. If I am contacted by weatherization, my refusal to permit weatherization of my home may result in denial of LEAP benefits.
2. My Social Security Number will be used to request and exchange information with other agencies as part of the eligibility verification process.
3. The Colorado Department of Human Services (CDHS) may use my Social Security Number to get wage data, amount of unearned income, child support case and payment disbursement records, interest income, Social Security benefits, pensions, railroad retirement, or veteran's benefits. As part of the eligibility verification process, the CDHS has my permission to contact other agencies on my behalf to establish eligibility.
4. I am the customer of record, the customer's authorized agent, or an authorized third party for the utility service account identified in this application, and I authorize my utility service provider to disclose my customer data as specified in section 10 of this application.
5. You may terminate your consent to the disclosure of your customer data by your utility service provider to the LEAP office at any time by sending a written request with your name and service address to your utility service provider identified in section 7.
6. If LEAP repairs or replaces my heating system and I refuse to allow access to my dwelling for the purposes of completing the service (including but not limited to government inspections required by law) this refusal may result in denial of all benefits.
7. It is a crime to lie on the application or to take benefits that I know my family and I are not eligible to receive and I may be subject to criminal prosecution for knowingly providing false information. Giving false information may be punished by a fine of up to $250,000 or a jail term of up to 20 years, or both.
8. A person found guilty of committing fraud cannot get LEAP assistance for one year for the first offense, two years for the second offense, and permanently following a third offense.

▼ SIGN FULL NAME BELOW ▼

▶ **Signature:** _____ **Date:** _____ ◀
Signature of Applicant (must be same person listed in #1, page 1) Month, Day, Year

If someone helped the applicant complete this application, such person must sign below.

Signature of Helper	Address	Phone #	Date

If you would like to know the status of your application please call HEAT HELP at 1-866-432-8435.

Completed