

# 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.
- I received a disconnect notice but my electricity and/or gas is not disconnected. Disconnect scheduled for: \_\_\_\_/\_\_\_\_/\_\_\_\_
- My propane, fuel oil or kerosene tank is empty **OR** I am out of wood, pellets or coal.
- My propane, fuel oil or kerosene tank is at 30% or below.
- I have a past due balance on my electricity/gas bill **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 \_\_\_\_\_  Same as above 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 <u>SELF</u> | 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

## 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

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)
- Aid to the Needy Disabled (AND)
- Food Stamps (SNAP)
- Medicare
- Medicaid
- Old Age Pension (OAP)
- Section 8
- Public housing/rental assistance
- Social Security Disability Income (SSDI)
- Social Security Income (SSA)
- Supplemental Security Income (SSI)
- Women, Infants, & Children (WIC)
- Temporary Aid to Needy Families (TANF)
- Veteran's Disability
- None

## LOW-INCOME ENERGY ASSISTANCE PROGRAM (LEAP) STATUS

What is your LEAP Status?

Before receiving EOC assistance, you must apply for LEAP if you are eligible. If you are not sure what LEAP is, please ask.

Submitted LEAP Application  Received LEAP  Application Denied  Not Eligible  LEAP Closed (MAY 1 – OCT. 31)

Reason Denied/Ineligible: \_\_\_\_\_

## 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