HOME ENERGY ASSISTANCE
APPLICATION CHECKLIST

Intake completed by: __________________________________________
Intake date: ________________________________________________
Amount requested: __________________________________________
Amount approved: ___________________________________________
Pledge date: ________________________________________________
Vendor contact: ______________________________________________
Check number: ______________________________________________
Check date: _________________________________________________
Denial reason: ______________________________________________

DOCUMENTATION:

____ Completed and signed application
____ Copy of photo ID
____ Copy of bill or other documentation from vendor
____ Completed and signed Consent to Disclose Utility Customer Data form if bill paid is Atmos, Black Hills, Colorado Natural Gas, or Xcel
____ Share Your Story form (optional – only include if completed by client)

NOTES:
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