

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

DEMOGRAPHIC INFORMATION

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

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

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		

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

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)	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	PELLETS
COAL	KEROSENE	OIL	WATER	GAS & ELECTRICITY

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. 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



COVID-19 Survey

Instructions: Please return this form to your caseworker with your Application for Bill Payment Assistance. Your answers to these questions will have no impact on your eligibility for assistance. This information is strictly for research and reporting purposes and will only be shared anonymously.

Applicant Name: _____

Caseworker Name: _____

Agency Name: _____

Has COVID-19 hurt your household financially at any time since March 2020?

Yes No

If yes, how? Check all that apply.

- Laid off/furloughed
 - Reduction of hours at work
 - Got sick with COVID-19
 - Needed to care for family member(s) sick with COVID-19
 - Took unpaid leave due to work or daycare closure
 - Classified as a vulnerable population, need to stay home/limit potential exposure to COVID-19
 - Other _____
- _____