



## PROGRAM APPLICATION

The Healthy Homes Program is a home health improvement and energy efficiency upgrade program administered by Energy Outreach Colorado, a nonprofit committed to ensuring that all Coloradans can afford their home energy needs. In partnership with your utility provider and a network of local contractors and nonprofits, the Healthy Homes Program can offer FREE health and energy efficiency upgrades to households that are at or below 80% of the area median income.

If you are interested in the Healthy Homes Program, please return a completed application, including the required income verification documentation for all household members, to Energy Outreach Colorado via the email, fax, or mailing address on the following page.

If you are approved for the Healthy Homes Program, you will receive a free healthy home and energy assessment to determine what work your home will need, followed by the work being completed by our trusted contractors. The scope of work may include the following: air quality improvements, solar subscriptions, LED light bulbs, Energy Star refrigerator, air sealing, insulation, mechanical systems replacement/tune-up, electrification measures, and more.

Questions? Email [healthyhomes@energyoutreach.org](mailto:healthyhomes@energyoutreach.org) or call 720-769-7888.

Alternatively, if you are in need of utility bill payment assistance or are interested in LEAP, please call 1-866-HEAT-HELP for more information.

### APPLICANT INFORMATION

Full Name \_\_\_\_\_ Email Address \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Have you received help paying your utility bill:  Yes  No

Through LEAP or another program?  LEAP  Other Program \_\_\_\_\_

Number in Household\* (Enter ALL in Household): Adults (Age 18-64): \_\_\_\_\_ Seniors (Age 65+): \_\_\_\_\_

Children (Age 6 and under): \_\_\_\_\_ Children (Age 7 - 17): \_\_\_\_\_

*\*Note: Household members are only people who live with you for whom you have financial responsibilities. For example, spouses and children are household members, but roommates or members of other families living with you are not.*

Gender Identity:  Female  Male  Non-Binary  Prefer Not To Say

Employment Status:  Full Time  Part Time  Unemployed  Retired  Other

Is anyone in your household disabled  Yes  No

Race:  American Indian/Alaska Native  Asian  Black/African American  White/Caucasian  Native Hawaiian/Pacific Islander  
 Other \_\_\_\_\_  Prefer not to answer

Ethnicity:  Hispanic/LatinX/Spanish  Not Hispanic/LatinX/Spanish  Don't know/prefer not to answer

Preferred Language:  English  Spanish  Arabic  French  German  Korean  Russian  Vietnamese  
 Other: \_\_\_\_\_

Who referred you to the program? \_\_\_\_\_

### ADDRESS INFORMATION

Physical Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address and Mailing Address the same?

Mailing Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### HOUSEHOLD INFORMATION

Housing Type:  Apartment / Condo  Townhome  House / Duplex  Mobile Home

Housing Status:  Own  Rent\*

\* If household is a rental, once the application is submitted, we will provide a Landlord Authorization page that will require Landlord signature

## CURRENT ENERGY PROVIDERS

You can find this information on your utility bill. This information MUST be provided and accurate in order to process the application and receive services.

Electric Utility Provider \_\_\_\_\_ Account # \_\_\_\_\_

Natural Gas or Propane Utility Provider \_\_\_\_\_ Account # \_\_\_\_\_

Utility Account Holder's Full Name \_\_\_\_\_ Relation to Applicant \_\_\_\_\_

## HOUSEHOLD INCOME

OFFICE USE ONLY Pre-Approved:  Yes  No Household Income: \_\_\_\_\_ Referral Program: \_\_\_\_\_

**Household Assistance and Income Verification Documentation not required if income is pre-approved through a referral program.**

Annual Household Income Pre-Tax (entire household income must be represented): \$ \_\_\_\_\_

## HOUSEHOLD ASSISTANCE

Do you currently receive any of the below benefits? Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Aid to the Blind (AB)                            | <input type="checkbox"/> Section 8 Housing                      |
| <input type="checkbox"/> Aid to the Needy Disabled (AND)                  | <input type="checkbox"/> Women, Infants, and Children (WIC)     |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Temporary Aid to Needy Families (TANF) |
| <input type="checkbox"/> Old Age Pension (OAP)                            | <input type="checkbox"/> LEAP (Utility Bill Assistance)*        |

\*If you are currently receiving LEAP benefits, or enrolled in the current program year, no Income Verification Documentation is needed.

## REQUIRED INCOME VERIFICATION DOCUMENTATION

Applicant MUST submit **ONE** of the paperwork options below with the application (must submit income information for ALL household earners)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Proof of benefit from above list       | <input type="checkbox"/> Most recent income (3 most recent paystubs) | <input type="checkbox"/> Social Security Income (SSI)             |
| <input type="checkbox"/> Most recent Tax Return-IRS Form 1040** | <input type="checkbox"/> Retirement Benefits Letter                  | <input type="checkbox"/> Social Security Disability Income (SSDI) |
| <input type="checkbox"/> Wages or Tax Statement W-2**           | <input type="checkbox"/> Letter from Employer                        | <input type="checkbox"/> Supplemental Security Income (SSI)       |

\*\* Please remove Social Security Number from documents

## APPLICANT AUTHORIZATION

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.

X

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## APPLICATION SUBMITTAL

Applicants may submit their completed and signed applications to Energy Outreach Colorado.



**Mail**  
Energy Outreach Colorado  
Attn: Healthy Homes Program  
303 E. 17th Avenue, Suite 405  
Denver, Colorado 80203

**Email**  
[healthyhomes@energyoutreach.org](mailto:healthyhomes@energyoutreach.org)

**Fax**  
303-547-1888

**Questions**  
720-769-7888

## PROGRAM REQUIREMENTS

1. EXISTING HOME CONDITIONS AND MECHANICAL EQUIPMENT MUST MEET PROGRAM SPECIFICATION REQUIREMENTS TO BE ELIGIBLE FOR ENERGY EFFICIENCY UPGRADES. 2. ALL DWELLINGS AND SPACES INSIDE THE DWELLING MUST BE ACCESSIBLE AND PROVIDE SAFE WORKING CONDITIONS FOR THE ASSESSORS & INSTALLATION CONTRACTORS. 3. ENERGY OUTREACH COLORADO'S ACCEPTANCE OF A SUBMITTED APPLICATION DOES NOT GUARANTEE THAT THE CUSTOMER OR MEMBER'S HOME WILL RECEIVE ENERGY EFFICIENCY UPGRADES TO THE HOME. 4. ENERGY OUTREACH COLORADO AND ALL OF THE HEALTHY HOMES PROGRAM UTILITIES RESERVE THE RIGHT TO CONDUCT AN ON-SITE INSPECTION OF THE FUNDED ENERGY EFFICIENCY MEASURES. THE CUSTOMER OR MEMBER AGREES TO PROVIDE REASONABLE ACCESS TO INSPECT THE INSTALLATION. ON-SITE INSPECTIONS MAY BE PERFORMED UP TO ONE YEAR AFTER THE INSTALLATION DATE OF THE ENERGY EFFICIENCY MEASURES. 5. ENERGY OUTREACH COLORADO AND ALL OF THE HEALTHY HOMES PROGRAM UTILITIES ARE NOT RESPONSIBLE FOR THE PROPER DISPOSAL/RECYCLING OF ANY WASTE GENERATED AS A RESULT OF THIS PROJECT; ARE NOT LIABLE FOR ANY DAMAGE CAUSED BY THE OPERATION OR MALFUNCTION OF THE INSTALLED EQUIPMENT; AND DOES NOT GUARANTEE THAT A SPECIFIC LEVEL OF ENERGY OR COST SAVINGS WILL RESULT FROM THE IMPLEMENTATION OF ENERGY EFFICIENCY MEASURES OR THE USE OF PRODUCTS FUNDED UNDER THESE PROGRAMS. 6. APPLICANTS WILL NOT BE ALLOWED TO SKIP ELIGIBLE ENERGY EFFICIENCY MEASURES THAT ARE DEEMED TO BE COST EFFECTIVE. INSULATION, AIR SEALING, AND LOW COST MEASURES MUST BE ADDRESSED BEFORE THE REPLACEMENT OF MECHANICAL EQUIPMENT CAN BE CONSIDERED.