

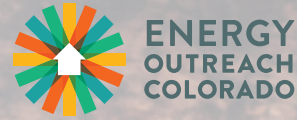
LEAP APPLICATION HANDBOOK

2022-2023 PROGRAM YEAR

A guide on applying and getting
approved for Colorado's
Low-income Energy Assistance
Program (LEAP)



**ENERGY
OUTREACH
COLORADO**
Together We Power Stability



Colorado's Low-Income Energy Assistance Program (LEAP) is a federally funded program administered by the state of Colorado that helps Coloradans pay a portion of their winter home heating costs.

This booklet was prepared by Energy Outreach Colorado, a non-profit organization that leads a network of industry, state and local partners to Support, Stabilize and Sustain Coloradans to afford their energy needs.

Information here is presented as accurately as possible. For any questions or more information, please visit the state LEAP website at cdhs.colorado.gov/leap or call the HEAT HELP line at 1-866-432-8435.

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WHY APPLY FOR LEAP?

Every year, thousands of Colorado families struggle to keep their homes safe and warm. The Low-income Energy Assistance Program (LEAP) gives Colorado families **\$250 - \$1000 credit each year** on home heating bills.

For the 2022-2023 season, LEAP is also paying past-due water bills for those who submit an extra form (included with your mailed application or found under the “Low Income Household Water Assistance Program” tab on the LEAP website: cdhs.colorado.gov/leap).

If you are approved for LEAP, you are also eligible for other programs that can help make sure your home is safe and warm.



Weatherization Assistance Program (WAP):

Free insulation, weatherization, and appliances to help your home use less energy and pay lower bills.

Call 303-866-2100 for more information.



Crisis Intervention Program (CIP):

Free furnace repair or replacement for those in an emergency who are without heat.

Call 1-855-4-MY-HEAT (1-855-469-4328) to apply.



Percentage of Income Payment Program (PIPP):

Lowers utility payments to below 6% of a customer's monthly income. Call your utility's customer service line to enroll after receiving LEAP.

WHO IS ELIGIBLE FOR LEAP?

You are eligible for LEAP if:



You pay home heating costs to an energy provider, fuel dealer, or as part of your rent*



At least one member of your household is a permanent legal resident or citizen of the US & resident of Colorado



You can provide proof of your or your household member's lawful presence in the US



The total monthly income of all members of your household is not larger than what is shown in the table below.

HOUSEHOLD SIZE	MAX MONTHLY INCOME
1	\$2,880
2	\$3,766
3	\$4,652
4	\$5,539
5	\$6,425
6	\$7,311
7	\$7,477
8	\$7,644
Each additional member	\$166

*If your heat is included in your rent AND you are in subsidized housing, you may not be eligible for LEAP. Call 1-866-432-8435 with questions.

**Household size only includes people who live with you and who you support financially (like a spouse, child, or other dependent family members)

DOCUMENTS REQUIRED



Completed LEAP application with all questions answered and signature on bottom of page 4



Proof of legal residency for those born outside of the United States

- ☒ Naturalization Certificate
- ☒ Born Abroad Certificate
- ☒ U.S. Passport
- ☒ Permanent Resident Card
- ☒ Documentation of Refugee or Aslyee Status



Proof of income from all members of your household from the last month - this includes copies or photos of last 4 pay stubs, copies of award letters from other assistance programs, and copies of loan paperwork



If you are self-employed: include a profit/loss statement and make copies or take photos of receipts for all expenses claimed on profit & loss statement for the month before you apply



If you pay heat directly to utility (like Xcel, Black Hills, Atmos Energy, etc): Copy or photo of your most recent heating bill showing utility company name, address, and your account numbers

OR



If heat is included in your rent: Copy or photo of your most recent rent receipt that shows heat is included

HOW TO APPLY FOR LEAP

LEAP season is typically **November 1 to April 30** of each year. If you are new to applying to LEAP, you can begin your application starting on November 1.

There is no automatic enrollment in LEAP, so you will need to apply each year to receive your LEAP benefit and save money on your heating bills.



Mail: Download and print a pdf application from the LEAP website (cdhs.colorado.gov/leap) or request a mailed application by calling 1-866-HEAT-HELP (1-866-432-8435).

Mail your application and supporting documents to your county's mailing address (see Pg 6 of this handbook for a list of county mailing addresses).



Email: Attach a scan or photo of your application and your supporting documents to an email and send to your county's email address (see Pg 6 of this handbook for a list of county email contacts).



Online: Apply through the Colorado PEAK website (colorado.gov/peak).



Phone: Call 1-866-HEAT-HELP (1-866-432-8435) and ask to apply over the phone. This is the best option if you have a shut-off notice and need immediate assistance.

COUNTY	MAILING ADDRESS	EMAIL ADDRESS
Adams	LEAP, 11860 Pecos Street Westminster, CO 80234	leap@adcogov.org
Alamosa	LEAP, P.O. Box 1310 Alamosa, CO 81101	cdhs_leap_program@state.co.us
Custer	LEAP, P.O. Box 929 Westcliffe, CO 81252	cdhs_leap_program@state.co.us
Dolores	LEAP, P.O. Box 485 Dove Creek, CO 81324	cdhs_leap_program@state.co.us
Mineral	LEAP, P.O. Box 40 Del Norte, CO 81132	cdhs_leap_program@state.co.us
Montrose	LEAP, 1845 S. Townsend Ave. Montrose, CO 81401	cdhs_leap_program@state.co.us
Otero	LEAP, 13 W 3rd #102 La Junta, CO 81050	ocdhs@oterogov.org
Pueblo	LEAP, 320 W. 10th St. Ste 207 Pueblo, CO 81003	dssleap@pueblocounty.us
Rio Grande	LEAP, P.O. Box 40 Del Norte, CO 81132	cdhs_leap_program@state.co.us
All Other Counties	LEAP, P.O. Box 39200 Colorado Springs, CO 80949	leaphelp@goodwillcolorado.org

FILLING OUT THE APPLICATION

The LEAP application must be filled out fully and accurately to be approved. Pay special attention to the areas highlighted below and all areas in **RED** in the application. Sign the final page and attach all required documents.



APPLICATION FORM

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

**COMPLETE ALL
4 PAGES AND
SIGN PAGE 4**

For quick approval, applicant should be the household member whose name is on energy bill or rent receipt.

FOR COUNTY USE ONLY									
County	Household Number Basic							Suffix	

Notes

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	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a documented non-citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	In which country do you live?		Social Security Number		

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: ☐ Disabled or a ☐ Veteran

Ethnicity of applicant: ☐ Hispanic (HS) ☐ Non-Hispanic (NHS)

Race of applicant: ☐ White/Caucasian (WC) ☐ Black or African American (B or AA) ☐ American Indian or Alaska Native (AI or AN)
☐ Asian (AS) ☐ Native Hawaiian or Other Pacific Islander (NH or PI) ☐ Other/Unknown (OTH)

● 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	Ethnicity (see above for code)	Race (see above for code)	Are you a U.S. citizen? Yes No	*Are you (documented non-citizen) Yes No
Household members are only those that live with you AND for whom you are financially responsible. This could include children, spouse, or other family you support in your home.										
Include dates of birth for all members and Social Security numbers for all US citizens.										

*If you or members of your household are a registered non-citizen, **PLEASE ATTACH A COPY OF YOUR DOCUMENTED NON-CITIZEN VERIFICATION TO THE APPLICATION**

APPLICATION PAGE TWO

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 who you are not financially responsible for. If "yes," how many? _____

Name	Relationship to You	Age

Enter the number of people living in your home who you are not financially responsible for (like roommates).

4. HOUSEHOLD INCOME

A. Do you or anyone in your household have work income? ☐ Yes ☐ No

Who Receives It?	How Often Paid?	Gross Monthly Amount	Employer Name

Attach copies of pay stubs for at least the 4 weeks prior to the date of application.

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

Who Receives It?	Gross Monthly Amount	Is this an LLC or SCORP?	Employer Name
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you have business expenses, please attach copies of receipts.

C. Do you or 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

Attach 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: _____

If you have no or very little income, you MUST state how you paid for your rent and utilities or your application approval will be delayed.

APPLICATION PAGE THREE

5. LIVING ARRANGEMENTS

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

☐ House/Modular Home ☐ Rooming/Boarding House ☐ Fraternity or Sorority House
☐ Duplex/Triplex/Fourplex ☐ Hotel/Motel ☐ Rehabilitation Center
☐ Apartment/Condominium ☐ Group Home ☐ Nursing Home/Residential Care Facility
☐ Mobile Home ☐ Other Housing, Please Specify: _____

Do you rent? ☐ Yes, if yes, what is your monthly rent? \$ _____
 Do you have a mortgage payment? ☐ Yes _____; or, do you own your dwelling outright? ☐ Yes
 If yes, what is your monthly mortgage payment? \$ _____
 Do you pay a lot of space rental amount? ☐ Yes. If yes, what is your monthly space rent payment? \$ _____
 What is the name and phone number of your apartment complex or landlord? _____

6. SUBSIDIZED HOUSING

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

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 disconnected: _____
☐ Propane tank empty or are you out of a bulk fuel such as wood, _____
☐ Propane tank at 20% or below. Amount needed for minimum delivery: _____
- Check (✓) the main fuel used to heat (not light) your residence. Check (✓) the way in which the heat (not light) is paid for at your residence.
- ☐ Natural Gas ☐ Propane ☐ Electricity ☐ Wood ☐ Coal ☐ Fuel Oil
- LEAP cannot assist or provide a benefit for any type of portable heating unit you are in an emergency.

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: _____

APPLICATION PAGE FOUR

8. ADDITIONAL INFORMATION

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

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Friend | <input type="checkbox"/> 1-866-HEAT-HELP (432-8435) | <input type="checkbox"/> Senior Center | <input type="checkbox"/> Social Services Office |
| <input type="checkbox"/> LEAP Poster | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Billboard | <input type="checkbox"/> PEAK Website |
| <input type="checkbox"/> Heating Company | <input type="checkbox"/> Radio | <input type="checkbox"/> Bus Benches | <input type="checkbox"/> Other |
| <input type="checkbox"/> Received Application in Mail | <input type="checkbox"/> LEAP Website | <input type="checkbox"/> Television | |

9. CONSENT TO DISCLOSE CUSTOMER DATA

The Colorado LEAP office's 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.

10. SIGNATURE AND CONSENT

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

- If I am contacted by weatherization, my refusal to permit weatherization of my home may result in denial of LEAP benefits.
- My Social Security Number will be used to request and exchange information with other agencies as part of the eligibility verification process.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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:

Signature of Applicant (must be same person listed in #1, page 1)

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

Signature of Helper

Address

Print Name of Helper

Phone #

Date: _____

Month, Day, Year

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

You **MUST** sign here or your application will be delayed.

NON-DOCUMENTED APPLICANTS

You are eligible for LEAP as long as **ONE** member of the household is a citizen or legal resident. If the legal resident or citizen is over 18, they should apply for LEAP (even if they are not the main account holder) and provide an ID showing proof of legal residency (example documents are listed on page 4 of this handbook). If all citizens and legal residents are under 18, a non-documented adult should be listed as the applicant.

Non-documented applicants should check the NO box for "Are you a US Citizen" and "Are you a documented non-citizen" in Section 1 of the application.

List all household members in Section 2 of the application. Check the boxes about their citizenship and documented non-citizen status and list Social Security numbers of all US citizens and permanent residents. Include copies of the minor's residency papers in your application, if they are available.

INCOME FOR NON-DOCUMENTED APPLICANTS

Every applicant must include income information for all household members, no matter their legal status. If a household member who makes income is undocumented, their income will be counted in the total household income, but they will not be counted as a member of the household for the income limits.

For instance, if a household contains 2 undocumented adults (who each earn income) and 2 children who are US citizens, the household size for determining LEAP eligibility would be 2, and not 4. Therefore, the adults in the house must make less than \$3766 each month (based on the chart on page 3 of this handbook).

For any questions, please call HEAT HELP (1-866-432-8435).

AFTER SUBMITTING APPLICATION

It will take about **10-25 days to receive approval for LEAP** after submitting your application and other documents.

If you have had your service shut-off or are out of fuel, approval can be quicker, but make sure you have selected the “YES” box in Section 7 of your application.

If any part of your application is incomplete, LEAP will mail you a follow-up letter requesting further information and. **This does NOT mean you are denied, but you MUST provide the documents requested in order to receive approval.** For quickest response, email images or scans or your requested documents to your county's office (email addresses for each county are listed on page 6 of this handbook).

Call 1-866-432-8435 at any time to check the status of your LEAP application.

AFTER LEAP APPROVAL

LEAP will send you a letter explaining that you have been approved and will explain where the funds will be sent.

Most of the time, the funds will be transferred directly to your utility company. It will appear as a credit on your bill and will be used to pay down previous and monthly balances until funds are fully used.

If your heat is included in your rent, you will likely receive the benefit on an EBT card.

You will be mailed a new LEAP application the October after you receive LEAP. You can return this application and supporting paperwork as soon as possible and get a jump on approval for next LEAP season.

ADDITIONAL BILL ASSISTANCE

2022 - 2023 LIHWAP Funding for water bills

Do you have past-due water or wastewater/sewer bills? The Low Income Household Water Assistance Program (LIHWAP) has funds to pay these past-due bills.

Fill out the extra form (called an addendum) included with LEAP applications that asks for your past-due water bill information. This form will be included with mailed applications, or can be found on the LEAP website (cdhs.colorado.gov/leap) under the “Low Income Household Water Assistance Program” tab.

Submit this form along with copies of past due bills to receive this extra funding. **Extra funding for past due bills is first come, first served so apply to LEAP early!**

Energy Outreach Colorado (EOC) Utility Assistance

Energy Outreach Colorado will pay past-due electric and heating bills for qualified households. This funding is in addition to LEAP or for those who have been denied or are ineligible for LEAP.

To apply, find an agency near you by calling **1-866-432-8435** OR visit energyoutreach.org/find-agency/. This assistance is available once a year, with the program year beginning each October 1st.

Eligibility for EOC funding:

- ☒ You pay your home energy costs to an energy vendor/ utility
- ☒ Your bill is past due or you are running low on fuel
- ☒ You meet income qualifications (your income is below 80% of your county's median income)

NOTE: There are no residency requirements for EOC funding.

CRITICAL PHONE NUMBERS

LEAP & EOC Bill Assistance: 1-866-HEAT-HELP (1-866-432-8435)

Weatherization Assistance Program: 303-866-2100

Emergency Furnace Repair: 1-855-4-MY-HEAT (1-855-469-4328)

LEAP, Colorado’s Low-income Energy Assistance Program, is a federally-funded program that helps eligible Colorado households pay a portion of their home heating costs.

Energy Outreach Colorado leads a network of industry, state and local partners to **Support, Stabilize** and **Sustain** Coloradans to afford their energy needs.



LEAP
warmth in every home



ENERGY
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