

# Application for BILL PAYMENT ASSISTANCE



Please return to \_\_\_\_\_

EMAIL \_\_\_\_\_ FAX \_\_\_\_\_ TELEPHONE \_\_\_\_\_

## 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.

## APPLICANT INFORMATION

Full Legal Name (First, Middle, Last) \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Home Address \_\_\_\_\_ County \_\_\_\_\_

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

Email Address \_\_\_\_\_

Preferred Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

**Same As Above**

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

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

## 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 \$ \_\_\_\_\_

## ACCOUNT INFORMATION

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

## 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

## 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

Is anyone in your household: Disabled?  Yes  No

A veteran?  Yes  No

Race:  American Indian/Alaska Native  Asian  Black/African American  White/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 cold/warm because I couldn't afford to heat/cool my home at 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)
- Housing Choice Voucher (Section 8)
- Medicaid
- Medicare
- Old Age Pension (OAP)
- Public housing/rental assistance
- Social Security Disability Income (SSDI)
- SNAP (Food Stamps)
- Social Security Income (SSA)
- Supplemental Security Income (SSI)
- Temporary AID to Needy Families (TANF)
- Veterans Disability
- Women, Infants, and Children (WIC)
- None**

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

What is your LEAP Status?

*From Nov. 1 through Apr. 30 you must apply for LEAP if you are eligible before receiving EOC assistance. If you are not sure what LEAP is, please ask.*

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

## 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.

X

\_\_\_\_\_  
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?**

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 \_\_\_\_\_  
\_\_\_\_\_