



# APPLICATION FORM

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

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

FOR COUNTY USE ONLY									
County	Household Number Basic					Suffix			
Case Reg.	Adv.	Exped	Payment Method Client		Vendor		Technician Number		
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	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number			
Email Address			In which county do you live?				Are you a registered alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## 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	Do you have income?		Are you a U.S. citizen?		*Are you a registered alien?	
							Yes	No	Yes	No	Yes	No

\*If you or members of your household are a registered alien, **PLEASE ATTACH A PHOTO COPY (FRONT & BACK) OF THE ALIEN REGISTRATION CARD(S) TO THE APPLICATION.**

## 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 not listed in #2. If “yes,” how many? \_\_\_\_\_.

Name	Relationship to You	Age

## ● 4. HOUSEHOLD INCOME

**A.** Does anyone in your household have work income?  Yes  No

Who Receives It?	How Often Paid?	Gross Monthly Amount	Employer Name	Initial this box that you have attached copies of pay stubs for at least the 4 weeks prior to the date of application

**B.** Does anyone in your household have self-employment work income? (Includes baby sitting, etc.)  Yes  No

Who Receives It?	How Often Paid?	Gross Monthly Amount	Employer Name	Initial this box that you have attached copies of self-employment profit and loss statement for the month previous to your date of application

**C.** Does 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	Initial this box that you have attached 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: \_\_\_\_\_

## ● 5. LIVING ARRANGEMENTS

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

- |  |   |   |                                    |
|--|---|---|------------------------------------|
| <input type="checkbox"/> House/Modular Home      | <input type="checkbox"/> Rooming/Boarding House | <input type="checkbox"/> Fraternity or Sorority House           | <input type="checkbox"/> Cabin     |
| <input type="checkbox"/> Duplex/Triplex/Fourplex | <input type="checkbox"/> Hotel/Motel            | <input type="checkbox"/> Rehabilitation Center                  | <input type="checkbox"/> Camper    |
| <input type="checkbox"/> Townhouse               | <input type="checkbox"/> Car/Van/Bus            | <input type="checkbox"/> Correctional Facility                  | <input type="checkbox"/> 5th Wheel |
| <input type="checkbox"/> Apartment/Condominium   | <input type="checkbox"/> Group Home             | <input type="checkbox"/> Nursing Home/Residential Care Facility | <input type="checkbox"/> RV        |
| <input type="checkbox"/> Mobile Home             | <input type="checkbox"/> Dormitory              | <input type="checkbox"/> Other Dwelling, Please Specify: _____  |                                    |

Do you rent?  Yes. If yes, what is your monthly rent? \$ \_\_\_\_\_

Do you have a mortgage payment?  Yes.

If yes, what is the monthly mortgage payment? \$ \_\_\_\_\_; or, do you own your dwelling outright?  Yes

Do you pay a lot or space rental amount?  Yes. If yes, what is your monthly space rent payment? \$ \_\_\_\_\_

What is the name and phone number of your apartment complex? \_\_\_\_\_

## ● 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 disconnect scheduled: \_\_\_\_\_
- Propane tank empty or are you out of a bulk fuel such as wood, fuel oil, etc.? Amount needed for minimum delivery: \$ \_\_\_\_\_
- Propane tank at 20% or below. Amount needed for minimum delivery: \$ \_\_\_\_\_

Check (✓) the **main fuel used to heat (not light) your residence. CHECK ONLY ONE.**

- Natural Gas  Propane  Electricity  Wood  Coal  Fuel Oil  Kerosene  Other: \_\_\_\_\_

**LEAP cannot assist or provide a benefit for any type of portable heating systems.**

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: \_\_\_\_\_

## ● 8. VERIFICATION OF LAWFUL PRESENCE

State law requires applicants for LEAP to provide additional documents with each LEAP application. A **READABLE COPY** of one of the following **VALID** identifications must be provided:

1. A Colorado Driver License; or, a Colorado Identification Card; or,
2. A United States military card or, military dependant's card; or,
3. A United States Merchant Mariner card; or,
4. A Native American Tribal document.
5. Any other document authorized by rules adopted by the Colorado Department of Revenue (DOR).

**IN ADDITION:** The applicant for LEAP must also correctly complete, sign and date the Affidavit located below.

For more information regarding Lawful Presence law and requirement please go to the DOR web site at: <http://www.colorado.gov/revenue>.



### AFFIDAVIT

for the Colorado Department of Human Services and the Department of Health Care Policy and Financing  
as Proof of Lawful Presence in the United States

I, \_\_\_\_\_, swear or affirm under penalty of or perjury under the laws of the State of Colorado that:

**Check  
only  
one  
box**

- I am a United States citizen, or  
 I am a legal Permanent Resident of the United States, or  
 I am lawfully present in the United States pursuant to federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## 9. ADDITIONAL INFORMATION

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:  Handicapped,  Disabled or a  Veteran

Race of applicant:  Hispanic  White  Black or African American  American Indian or Alaska Native  Asian  
 Native Hawaiian or Other Pacific Islander  Other

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    |   |

## 10. CONSENT TO DISCLOSE CUSTOMER DATA

The Colorado LEAP office<sup>1</sup> 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](http://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.

<sup>1</sup> LEAP is the Colorado Low-Income Energy Assistance Program administered by the Colorado Department of Human Services and LEAP's affiliates.

## 11. SIGNATURE AND CONSENT

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

1. If I am contacted by weatherization, my refusal to permit weatherization of my home may result in denial of LEAP benefits.
2. My Social Security Number will be used to request and exchange information with other agencies as part of the eligibility verification process.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_ ◀  
Signature of Applicant (must be same person listed in #1, page 1) Month, Day, Year

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

\_\_\_\_\_  
Signature of Helper

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

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

**ADDENDUM TO LEAP APPLICATION**  
**2021–2022 PROGRAM YEAR – NOV 1, 2021 THROUGH APRIL 30, 2022**

The State of Colorado has received additional pandemic relief and recovery funding. You may qualify for additional assistance with household drinking and wastewater bills or/and heating/electric bill arrearages after you have been approved for LEAP. ***This is for this program year only and available on a first come, first served basis because funding is limited.*** This relief is offered in addition to regular LEAP benefits.

Your name: \_\_\_\_\_

Your residence address: \_\_\_\_\_

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● **IF YOU PAY YOUR WATER BILL DIRECTLY TO A WATER VENDOR AND YOU HAVE A PAST DUE BALANCE ANSWER THE FOLLOWING:**

Water vendor: \_\_\_\_\_ Water account number: \_\_\_\_\_

Name on water bill: \_\_\_\_\_ Amount past due: \$ \_\_\_\_\_

If water bill is not in your name, explain why: \_\_\_\_\_

Water service:  Ground water  Storm water  Drinking water  Waste water

.....

● **IF YOU HAVE A SEPARATE VENDOR FOR A SECOND WATER SERVICE COMPLETE THE FOLLOWING:**

Water vendor: \_\_\_\_\_ Water account number: \_\_\_\_\_

Name on water bill: \_\_\_\_\_ Amount past due: \$ \_\_\_\_\_

If water bill is not in your name, explain why: \_\_\_\_\_

Water service:  Ground water  Storm water  Drinking water  Waste water

**YOU MUST ATTACH A COPY OF YOUR WATER BILL**

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● **IF YOU HAVE A PAST DUE BALANCE ON YOUR HEATING FUEL OR SUPPORTIVE FUEL (ELECTRICITY) ANSWER THE FOLLOWING:**

Heating vendor: \_\_\_\_\_ Heating account number: \_\_\_\_\_

Name on heating bill: \_\_\_\_\_ Amount past due: \$ \_\_\_\_\_

If heating bill is not in your name, explain why: \_\_\_\_\_

Electricity vendor: \_\_\_\_\_ Electricity account number: \_\_\_\_\_

Name on electricity bill: \_\_\_\_\_ Amount past due: \$ \_\_\_\_\_

If electricity bill is not in your name, explain why: \_\_\_\_\_

**YOU MUST ATTACH A COPY OF YOUR HEATING AND/OR ELECTRIC BILL**

# APPLYING FOR LEAP

**IMPORTANT INFORMATION—PLEASE READ BEFORE APPLYING!**

Do you need help completing the LEAP application, have questions about how to apply or where to send your application? For answers to these and any other questions call HEAT HELP at 1-866-432-8435.

**LEAP is designed to assist low-income households with paying their winter home heating costs but is not intended to pay the entire cost of home heating or utility usage. LEAP benefits are available to all eligible persons/households without regard to race, color, sex, age, disability, national origin, political or religious beliefs.**

**LEAP cannot assist or provide a benefit for any type of portable heating systems.**

## ELIGIBILITY REQUIREMENTS

### YOU MAY QUALIFY FOR LEAP IF:

- You pay home heating costs to an energy provider, fuel dealer, or as part of your rent.
- You are a permanent legal resident of the United States and Colorado or you have household members that are U.S. citizens.
- You provide proof of lawful presence in the U.S.
- Your maximum family household income falls within the guidelines given below. "Household" means people who live with you and for whom you are financially responsible.

HOUSEHOLD SIZE	MONTHLY GROSS INCOME 60% OF STATE MEDIAN INCOME
1	\$ 2,759
2	\$ 3,608
3	\$ 4,457
4	\$ 5,306
5	\$ 6,155
6	\$ 7,003
7	\$ 7,163
8	\$ 7,322
<b>EACH ADDITIONAL PERSON</b>	<b>\$ 159</b>

### REVIEW YOUR APPLICATION BEFORE YOU TURN IT IN.

Make sure you've answered all the questions and have attached all the requested information. Your attention to detail now helps us process your application. If your application is not complete, we cannot process your request. The sooner

your application is received, the sooner it will be processed, and a decision on your application can be made.

- I have answered all questions in all sections on my application.
- I have enclosed a readable copy of the applicant's valid (Photo) Identification.
- I have included social security numbers and birth dates for ALL household members.
- I have completed and signed the affidavit.
- I have attached proof (copies of pay stubs, award letters, loans, etc.) for all income received by my household last month.
- I have attached a copy of my most recent heating (not lighting) bill showing company name, address, and account numbers.
- I have attached a copy of my most recent rent receipt (if heating costs are included in rent). The rent receipt must clearly show heat is included.
- I have attached receipts for all expenses claimed on my profit and loss statement for self-employment income.
- I have signed my application.

## VERIFICATION OF LAWFUL PRESENCE

State law requires applicants for LEAP to:

- Provide a valid ID in accordance with Colorado Department of Revenue Rules
- Sign the affidavit on page 3 of the LEAP application

# APPLYING FOR LEAP

## **WHAT TO DO IF YOUR HOUSEHOLD IS IN AN EMERGENCY** *(Service disconnected; about to be disconnected, out of propane; about to run out of propane)*

If you are in an emergency your application will be processed expeditiously. Please follow these instructions:

1. Complete your LEAP application and be sure to answer all questions in Section 7 pertaining to your emergency and provide a copy of your disconnect notice, if applicable.
- 2 Call HEAT HELP at 1-866-432-8435 for instructions on how to quickly submit your application and supporting documents to your county LEAP office and/or if you need assistance completing your application.

## **CONTINUE PAYING YOUR HEAT BILL, AS LEAP ASSISTANCE WILL NOT PAY FOR YOUR ENTIRE HEAT BILL.**

Do not wait for help from LEAP. Our process takes time, so you must keep your account current by making a payment towards your heat bill on time. If you apply for LEAP and receive a shutoff notice before you know the outcome of your application, or you have your heating service disconnected, notify your county department of human services immediately. Remember, simply filling out this application does not mean that you can ignore your current bills and notices from your energy company.

## **YOUR PARTICIPATION IN OTHER GOVERNMENT PROGRAMS WILL NOT BE AFFECTED IF YOU APPLY FOR LEAP.**

No other government program will cut or limit your participation in that program. This includes Medicare, Supplemental Security Income (SSI), Colorado Works/TANF, Food Assistance, Old Age Pension (OAP), and Aid to Needy Disabled (AND)/Aid to the Blind (AB).

## **YOU CAN RECEIVE ONLY ONE LEAP BENEFIT PER HEAT SEASON.**

The heat season runs from November 1st through April 30th. Although your LEAP assistance may be split into two (2) separate payments, any benefit you receive during a heat season will be the only one for that year—plan accordingly.

**IF YOU RECEIVE SOCIAL SECURITY INCOME PLEASE SUBMIT YOUR APPLICATION BEFORE JAN. 1, 2022 BECAUSE YOUR LEAP ELIGIBILITY MAY BE AFFECTED BY THE ANNUAL COST OF LIVING ADJUSTMENT (COLA).**

**Appeal Rights**—You have a right to appeal, if your application is not processed within the timelines set forth by the Colorado Department of Human Services. If the county/contractor office does not process your application within 30 days from the date of receipt for a regular application and 14 days from the date of receipt for an emergency application, please contact the State LEAP Office at 303-861-0269 to request a conference.

## **ADDITIONAL LEAP ASSISTANCE**

### **Crisis Intervention Program (CIP)**

If you are eligible for LEAP, you may qualify for emergency help such as repair or replacement of your primary heating system. If you have this type of emergency you must contact 1-855-4MYHEAT (1-855-469-4328).

## **WEATHERIZATION**

You may also qualify for free weatherization services that will improve your home through the Colorado Energy Office Weatherization Program. Weatherization will reduce your home energy usage, help you save money, and keep your home safer and more comfortable year round. For more information please call 1-866-432-8435.

## **COLORADO PROPERTY TAX/RENT/HEAT REBATE PROGRAM**

Colorado also offers a rebate of property tax, rent, and heat expenses to low-income seniors and individuals with disabilities. Please visit the Colorado Department of Revenue's website at <https://tax.colorado.gov/PTC-rebate> for more information and the rebate application booklet or call 303-238-7378, Press 1.

## **WOULD YOU LIKE TO KNOW THE STATUS OF YOUR LEAP APPLICATION?**

**To inquire about the status of your LEAP application, please call HEAT HELP at 1-866-432-8435.**