



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

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	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	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	
Email Address			In which county 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 <i>(see above for code)</i>	Race <i>(see above for code)</i>	Are you a U.S. citizen?		*Are you a documented non-citizen?	
									Yes	No	Yes	No

**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.*

● **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

● **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	If you have business expenses, please attach copies of receipts.
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

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: _____

● 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 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 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: _____

WATER ADDENDUM TO LEAP APPLICATION
2022–2023 PROGRAM YEAR — NOV 1, 2022 THROUGH APRIL 30, 2023

The State of Colorado has received additional pandemic relief and recovery funding. You may qualify for additional assistance with past-due household drinking and wastewater bills 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: _____

● **IF YOU PAY YOUR WATER BILL DIRECTLY TO A WATER VENDOR 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

YOU MUST ATTACH A COPY OF YOUR WATER BILL

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● **IF YOU HAVE A SEPARATE VENDOR FOR A SECOND WATER SERVICE 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

YOU MUST ATTACH A COPY OF YOUR WATER BILL

● **IF YOUR WATER IS INCLUDED IN WITH YOUR RENT AND YOUR RENT IS PAST DUE OR ARE FACING AN EVICTION ANSWER THE FOLLOWING: (WE MUST CONTACT YOUR LANDLORD IF YOU ARE APPLYING FOR WATER WHICH IS INCLUDED IN RENT)**

Landlord Name: _____ Landlord Phone Number: _____

Landlord Address: _____

Landlord Email _____

Water Provider _____

Name on Water Bill: _____

Account Number: _____

YOU MUST ATTACH A COPY OF YOUR LEASE INDICATING WATER IS INCLUDED IN 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.
- 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	\$ 2,880
2	\$ 3,766
3	\$ 4,652
4	\$ 5,539
5	\$ 6,425
6	\$ 7,311
7	\$ 7,477
8	\$ 7,644
EACH ADDITIONAL PERSON	\$ 166

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 included social security numbers and birth dates for ALL household members.
- I have attached a copy of documented non-citizen verification.
- 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.

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, 2023 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.