



UTILITY ASSISTANCE APPLICATION

Holy Cross Energy is partnering with Energy Outreach Colorado to assist utility customers that need help paying their energy bills throughout the year. Energy Outreach Colorado, an independent organization founded in 1989 to raise funds for energy assistance, provides year-round funding to help income-limited seniors, families and individuals with special needs pay their energy bills.

If you need assistance paying your energy bill, please fill out this application and return it to Catholic Charities or Salvation Army - Vail Valley in person. Or mail the application to:

Jennie Miller, Energy Outreach Colorado, 225 East 16th Avenue, Suite 200, Denver, CO 80203

Assistance payments are made directly to Holy Cross Energy – not the applicant – and are available to each applicant only once per year between November 1 and October 31.

We also encourage people to apply for the LEAP program which is open November 1 – April 30. You can call **toll-free 1-866-HEAT-HELP (1-866-432-8435)** to request a LEAP application, find out the status of your application or request other assistance.

UTILITY ACCOUNT HOLDER			
LAST NAME:		FIRST NAME:	
ID/DRIVER'S LICENSE #:		() NO COLORADO ID	
APPLICANT () SAME AS ABOVE			
RELATIONSHIP TO ACCT HOLDER:			
LAST NAME:		FIRST NAME:	
ID/DRIVER'S LICENSE #:		() NO COLORADO ID	
ADDRESS INFORMATION			
SERVICE ADDRESS:			COUNTY:
CITY:	STATE:	ZIP:	
DAYTIME PHONE:		EVENING PHONE:	
MAILING ADDRESS:			() SAME AS ABOVE
CITY:	STATE:	ZIP:	
HOUSING TYPE:	() Apartment	() OWN () RENT	
() Other/Not Reported	() House		
() Duplex	() Mobile Home		
() Townhouse/Condo	() Boarding House		
TO DETERMINE IF YOU MAY BE ELIGIBLE FOR WEATHERIZATION SERVICES, INCLUDE:			
SQUARE FOOTAGE OF HOME (IF KNOWN):			
NUMBER OF ROOMS IN HOME (INCLUDING BATHROOMS):			
HAS YOUR HOME BEEN WEATHERIZED IN THE PAST 10 YEARS? () Yes () No			

PLEASE CONTINUE ON THE OTHER SIDE -

DEMOGRAPHIC INFORMATION FOR APPLICANT			
GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>		ETHNICITY: <input type="checkbox"/> Caucasian	
DATE OF BIRTH:		<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander
EMPLOYED: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not Reported	<input type="checkbox"/> African American
DISABLED: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Other	<input type="checkbox"/> Native American
HOUSEHOLD INFORMATION			
ANNUAL HOUSEHOLD INCOME PRE-TAX: \$			
NUMBER IN HOUSEHOLD: <input type="checkbox"/> Adults <input type="checkbox"/> Children			
OTHER HOUSEHOLD ASSISTANCE:			
<input type="checkbox"/> Aid to the Blind (AB)		<input type="checkbox"/> Social Security Income (SSI)	
<input type="checkbox"/> Aid to the Needy Disabled (AND)		<input type="checkbox"/> Social Security Disability Income (SSDI)	
<input type="checkbox"/> Food Stamps		<input type="checkbox"/> Supplemental Security Income (SSI)	
<input type="checkbox"/> Old Age Pension (OAP)		<input type="checkbox"/> Women Infants and Children (WIC)	
<input type="checkbox"/> Temporary Aid to Needy Families (TANF)		<input type="checkbox"/> Section 8 Housing	
ENERGY ASSISTANCE APPLICATION INFORMATION			
LEAP STATUS:	<input type="checkbox"/> Received LEAP	<input type="checkbox"/> Denied LEAP	<input type="checkbox"/> LEAP Closed
	<input type="checkbox"/> Did not apply for LEAP	<input type="checkbox"/> Not Eligible For LEAP	
SHUT OFF NOTICE: <input type="checkbox"/> Yes <input type="checkbox"/> No		SHUT OFF DATE:	
OTHER UTILITY ASSISTANCE			
<input type="checkbox"/> I AM ALSO IN NEED OF NATURAL GAS ASSISTANCE			
GAS COMPANY NAME:			
ACCT #:		(PLEASE INCLUDE A COPY OF BILL IF POSSIBLE)	
<input type="checkbox"/> I AM ALSO IN NEED OF PROPANE ASSISTANCE			
PROPANE COMPANY NAME:			
ACCT #:		(PLEASE INCLUDE A COPY OF BILL IF POSSIBLE)	
I certify that the information given on this application and in any other supporting documentation is accurate and true. I give my permission for the local emergency assistance agency and Energy Outreach Colorado to contact my utility provider regarding information necessary to apply for energy assistance. I release my utility provider, the local emergency assistance agency, and Energy Outreach Colorado of any and all liability for supplying or requesting such information which shall be in effect until I state in writing that it is no longer valid.			
APPLICANT'S SIGNATURE:			DATE:

Please sign and take this application to Catholic Charities - Western Slope or to Salvation Army - Vail Valley or mail this application along with a copy of your latest utility bill to:

Jennie Miller
 Energy Outreach Colorado
 225 East 16th Avenue, Suite 200
 Denver, CO 80203
 For questions, please call 970-384-2060 ext 1

Thank you to Holy Cross Energy for their support of this program!