



PROGRAM APPLICATION

Energy Outreach Colorado in partnership with your utility provider and local energy resource center is working to offer energy efficiency upgrades to customers who are at or below 80% of the area median income. Energy Outreach Colorado is an independent nonprofit organization founded in 1989 to raise funds for energy assistance.

If you are interested in this program, please fill out this application and return it to Energy Outreach Colorado. Email to: care@energyoutreach.org, mail to the address on the last page, or fax to: 888-445-6198. Questions: Call 303-825-8750 and ask for the CARE program.

You may qualify for the following measures: LEDs, EnergyStar Refrigerator, air sealing, increased attic insulation, increased wall insulation, crawlspace insulation, furnace replacement, water heater replacement, storm windows, duct sealing, showerheads, etc.

We also encourage people to apply for the LEAP program which is open November 1 - April 30.

You can call 1-866-HEAT-HELP for more information.

UTILITY ACCOUNT HOLDER

Full Name _____ ID/Driver's License # _____ *No Colorado ID*

APPLICANT *Same As Above*

Full Name _____ ID/Driver's License # _____ *No Colorado ID*

Relation to Utility Account Holder _____ Email Address _____

ADDRESS INFORMATION

Service Address _____ County _____

City _____ State _____ Zip _____

Daytime Phone # _____ Evening Phone # _____

Mailing Address _____ *Same As Above* County _____

City _____ State _____ Zip _____

HOUSEHOLD INFORMATION

Housing Type 1) *Apartment House Mobile Home Other/Not Reported*

2) *Own Rent: If household is a rental, the Landlord MUST sign off at the end of this application.*

Landlord Name _____ Landlord Phone # _____

Type of heating system in home? *Gas or Propane Furnace/Boiler Electric Wood*

Has your home been weatherized in the past 10 years? *Yes No*

CURRENT ENERGY PROVIDER(S)

Electric Utility Provider _____ Account # _____

Natural Gas or Propane Utility Provider _____ Account # _____

You can find this information on your utility bill. This information MUST be provided and accurate in order to process the application and receive services.

DEMOGRAPHIC INFORMATION FOR APPLICANT

Date of Birth _____ Gender: *Male Female* Employed: *Yes No* Disabled: *Yes No*

LEAP STATUS

Received LEAP Denied LEAP LEAP Closed (May - October) Did not apply for LEAP Not Eligible for LEAP

HOUSEHOLD INCOME

Annual Household Income Pre-Tax (entire household income must be represented): \$ _____

Number in Household: Adults Children (Enter ALL in household)

1) Name _____ Age _____ Income \$ _____ /yr 4) Name _____ Age _____ Income \$ _____ /yr
2) Name _____ Age _____ Income \$ _____ /yr 5) Name _____ Age _____ Income \$ _____ /yr
3) Name _____ Age _____ Income \$ _____ /yr 6) Name _____ Age _____ Income \$ _____ /yr

Other Household Assistance:

Aid to the Blind (AB)	Social Security Income (SSI)	Section 8 Housing
Aid to the Needy Disabled (AND)	Social Security Disability Income (SSDI)	Women, Infants, and Children (WIC)
Food Stamps	Supplemental Security Income (SSI)	Temporary Aid to Needy Families (TANF)
Old Age Pension (OAP)		

Required Income Verification Documentation:

(Applicant must submit one of the paperwork options below with a completed application. *May remove or delete Social Security Number from form.)

Most recent income (3 of the most recent paystubs, disability benefits, unemployment, etc.)	Social Security Award Letter
Most recent Tax Return-IRS Form 1040*	Wages or Tax Statement W-2*
Retirement Benefits Letter	Letter from Employer

AUTHORIZATION

Yes, I am interested in participating in EOC's Energy Assistance Program.

I certify that the information given on this application and in any other supporting documentation is accurate and true. I release my utility provider and Energy Outreach Colorado of any and all liability for supplying or requesting such information. I also release EOC to provide information for Weatherization services. Additionally, if work is approved to proceed, I will assure that an adult will be present during any scheduled work inside my home.



Signature of Applicant

Date

LANDLORD APPROVAL

I understand that EOC will be updating existing appliances within my property. I understand that if the cost of the installations should exceed a predetermined amount, I will be asked to contribute to the cost of the upgrades.



Signature of Landlord

Date

APPLICATION SUBMITTAL

Applicants may submit their completed and signed applications to the EOC or your local CARE organization.

Energy Outreach Colorado (EOC) Submittal:

Mail Energy Outreach Colorado Attn: CARE Program 225 E 16th Avenue, Suite 200 Denver, Colorado 80203	Fax 888.445.6198	Email care@energyoutreach.org	Questions 303.825.8750
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HOW TO QUALIFY

QUALIFYING CUSTOMERS CARE PRESCRIPTIVE REBATES ARE AVAILABLE TO INCOME QUALIFIED CUSTOMERS FOR MEMBERS OF XCEL ENERGY, ATMOS ENERGY, SOURCE GAS, COLORADO NATURAL GAS, HOLY CROSS ENERGY, YAMPA VALLEY ELECTRIC ASSOCIATION, AND SAN MIGUEL POWER ASSOCIATION. PARTICIPANTS MUST EARN AT OR BELOW 80% OF THE COUNTY'S AREA MEDIA INCOME TO INCOME QUALIFY FOR THE PROGRAM AND THE PROPER INCOME DOCUMENTATION LISTED ABOVE MUST BE SUBMITTED WITH THE APPLICATION TO BE CONSIDERED FOR THE PROGRAM.

HOW TO APPLY FOR CARE 1. FILL OUT THE CARE PROGRAM APPLICATION AND SUBMIT THE REQUIRED INCOME DOCUMENTATION. AN APPLICATION CANNOT BE PROCESSED WITHOUT THE REQUIRED INCOME DOCUMENTATION OR INCOMPLETE INFORMATION. ALSO, PLEASE REFER TO YOUR MOST RECENT ELECTRICITY OR GAS UTILITY BILL FOR ACCURATE ACCOUNT INFORMATION. 2. ONCE THE APPLICATION IS RECEIVED AND PROCESSED, THE LOCAL CARE AGENCY WILL NOTIFY THE APPLICANT BY MAIL, EMAIL, OR PHONE ABOUT THE STATUS OF THE SUBMITTED APPLICATION.

RULES AND REQUIREMENTS 1. EXISTING HOME CONDITIONS AND MECHANICAL EQUIPMENT MUST MEET PROGRAM SPECIFICATION REQUIREMENTS TO BE ELIGIBLE FOR ENERGY EFFICIENCY UPGRADES.

2. ALL DWELLINGS AND SPACES INSIDE THE DWELLING MUST BE ACCESSIBLE AND PROVIDE SAFE WORKING CONDITIONS FOR THE INSTALLATION CONTRACTORS. 3. ENERGY OUTREACH COLORADO'S ACCEPTANCE OF A SUBMITTED APPLICATION DOES NOT GUARANTEE THAT THE CUSTOMER OR MEMBER'S HOME WILL RECEIVE ENERGY EFFICIENCY UPGRADES TO THE HOME. 4. ENERGY OUTREACH COLORADO AND ALL OF THE CARE PROGRAM UTILITIES RESERVE THE RIGHT TO CONDUCT AN ON-SITE INSPECTION OF THE FUNDED ENERGY EFFICIENCY MEASURES. THE CUSTOMER OR MEMBER AGREES TO PROVIDE REASONABLE ACCESS TO INSPECT THE INSTALLATION. ON-SITE INSPECTIONS MAY BE PERFORMED UP TO ONE YEAR AFTER THE INSTALLATION DATE OF THE ENERGY EFFICIENCY MEASURES. 5. ENERGY OUTREACH COLORADO AND ALL OF THE CARE PROGRAM UTILITIES ARE NOT RESPONSIBLE FOR THE PROPER DISPOSAL/RECYCLING OF ANY WASTE GENERATED AS A RESULT OF THIS PROJECT; ARE NOT LIABLE FOR ANY DAMAGE CAUSED BY THE OPERATION OR MALFUNCTION OF THE INSTALLED EQUIPMENT; AND DOES NOT GUARANTEE THAT A SPECIFIC LEVEL OF ENERGY OR COST SAVINGS WILL RESULT FROM THE IMPLEMENTATION OF ENERGY EFFICIENCY MEASURES OR THE USE OF PRODUCTS FUNDED UNDER THESE PROGRAMS. 6. APPLICANTS WILL NOT BE ALLOWED TO SKIP ELIGIBLE ENERGY EFFICIENCY MEASURES THAT ARE DEEMED TO BE COST EFFECTIVE. INSULATION, AIR SEALING, AND LOW COST MEASURES MUST BE ADDRESSED BEFORE THE REPLACEMENT OF MECHANICAL EQUIPMENT CAN BE CONSIDERED.