

# LEAP APPLICATION HANDBOOK

**2021-2022 PROGRAM YEAR**

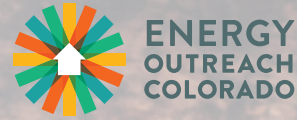
Revised February 2, 2022



**A guide on applying and getting  
approved for Colorado's  
Low-income Energy Assistance  
Program (LEAP)**



**ENERGY  
OUTREACH  
COLORADO**  
Together We Power Stability



Colorado's Low-Income Energy Assistance Program (LEAP) is a federally funded program administered by the state of Colorado that helps Coloradans pay a portion of their winter home heating costs.

This booklet was prepared by Energy Outreach Colorado, a non-profit organization that leads a network of industry, state and local partners to Support, Stabilize and Sustain Coloradans to afford their energy needs.

Information here is presented as accurately as possible. For any questions or more information, please visit the state LEAP website at [cdhs.colorado.gov/leap](https://cdhs.colorado.gov/leap) or call the HEAT HELP line at 1-866-432-8435.

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## WHY APPLY FOR LEAP?

Every year, thousands of Colorado families struggle to keep their homes safe and warm. The Low-income Energy Assistance Program (LEAP) gives Colorado families up to a **\$1000 credit each year** on home heating bills.

For the 2021-2022 season, LEAP is also paying past due electric, heating, and water bills for those who apply early and submit an extra form (included with your mailed application or found under “Arrearage Program” tab on the LEAP website:

[cdhs.colorado.gov/leap](https://cdhs.colorado.gov/leap).

If you are approved for LEAP, you are also eligible for other programs that can help make sure your home is safe and warm.



**Weatherization Assistance Program (WAP):**  
Free insulation, weatherization, and appliances to help your home use less energy and pay lower bills.

Call 303-866-2100 for more information.



**Crisis Intervention Program (CIP):**  
Free furnace repair or replacement for those in an emergency who are without heat.

Call 1-855-4-MY-HEAT (1-855-469-4328) to apply.

## WHO IS ELIGIBLE FOR LEAP?

You are eligible for LEAP if:



You pay home heating costs to an energy provider, fuel dealer, or as part of your rent\*



At least one member of your household is a permanent legal resident or citizen of the US & resident of Colorado



You can provide proof of your or your household member's lawful presence in the US



The total monthly income of all members of your household is not larger than what is shown in the table below.

HOUSEHOLD SIZE**	MAX MONTHLY INCOME
1	\$2759
2	\$3608
3	\$4457
4	\$5306
5	\$6155
6	\$7003
7	\$7163
8	\$7322
Each additional member	Add \$159

\*If your heat is included in your rent AND you are in subsidized housing, you may not be eligible for LEAP. Call 1-866-432-8435 with questions.

\*\*Household size only includes people who live with you and who you support financially (like a spouse, child, or other dependent family members)

## DOCUMENTS REQUIRED



**Completed LEAP application** with all questions answered and signatures in 2 places (on page 3 with proof of legal status in US, and on the bottom of page 4, the back of the application)



**Clear copy or photo of the applicant's valid photo ID** (if the applicant is a citizen or legal resident of the US). Choose from the list below:

- ☒ Colorado Driver's License or ID card
- ☒ US Military Card, or Military Dependent's card
- ☒ US Merchant Mariner Card
- ☒ Native American Tribal Document
- ☒ Any other document listed on [CO Dept of Revenue website](https://www.colorado.gov/revenue)



**Proof of income from all members of your household from the last month** - this includes copies or photos of last 4 pay stubs, copies of award letters from other assistance programs, and copies of loan paperwork



**If you are self-employed:** include a profit/ statement and make copies or take photos of receipts for all expenses claimed on profit & loss statement for the month before you apply.



**If you pay heat directly to utility (like Xcel, Black Hills, Atmos Energy, etc):** Copy or photo of your most recent heating bill showing utility company name, address, and your account numbers

OR



**If heat is included in your rent:** Copy or photo of your most recent rent receipt that shows heat is included

## HOW TO APPLY FOR LEAP

LEAP season is typically **November 1 to April 30** of each year. If you are new to applying to LEAP, you can begin your application starting on November 1.

There is no automatic enrollment in LEAP, so you will need to apply each year to receive your LEAP benefit and save money on your heating bills.



**Mail:** Download and print a pdf application from the LEAP website ([cdhs.colorado.gov/leap](https://cdhs.colorado.gov/leap)) or request a mailed application by calling **1-866-HEAT-HELP (1-866-432-8435)**. Mail your application and supporting documents to your county's mailing address (see Pg 5 of this handbook for a list of county mailing addresses).



**Email:** Attach a scan or photo of your application and your supporting documents to an email and send to your county's email address (see Pg 5 of this handbook for a list of county email contacts).



**Online:** Apply through the Colorado PEAK website ([colorado.gov/peak](https://colorado.gov/peak)).



**Phone:** Call **1-866-HEAT-HELP (1-866-432-8435)** and ask to apply over the phone. This is the best option if you have a shut-off notice and need immediate assistance.



## FILLING OUT THE APPLICATION

The LEAP application must be filled out fully and accurately to be approved. Pay special attention to the areas highlighted below and all areas in **RED** in the application. Sign in both areas 8 and 11, and attach all required documents.



For quick approval, applicant should be the household member whose name is on energy bill or rent receipt.

FOR COUNTY USE ONLY									
County		Household Number Basic					Suffix		
Reg.	Case Adv.	Expt.	Payment Method Client		Vendor		Technician Number		
Date Received									

## ● 1. APPLICANT

Answer both of these questions.  
If you are a U.S. citizen or are undocumented, answer “no” to being a registered alien.

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
Household members are only those that live with you AND you are financially responsible for. This could include children, spouse, or other family you support in your home. Include Social Security numbers for all US Citizens.									

Household members are only those that live with you AND you are financially responsible for. This could include children, spouse, or other family you support in your home. Include Social Security numbers for all US Citizens.

\*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.**

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
<p>Check "Yes" if you live with others that you are not financially responsible for (like a ...)</p>		

Check "Yes" if you live with others that you are not financially responsible for (like a roommate).

## APPLICATION PAGE TWO

## ● 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 (SSI); Supplemental Security Income (SSI); Supplemental Security Disability Income (SSDI); Colorado Works (CWF); 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? ☐ YesDo 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

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Continue →

Make sure you check the correct box here or your application will be denied. Living in Section 8 or public housing does not disqualify you from assistance.

## APPLICATION PAGE THREE

## ● 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 ☐ 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: \_\_\_\_\_

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 perjury that I am a \_\_\_\_\_

Check only one box

☐ I am a United States citizen, or

☐ I am a Lawful 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 18-6-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Only check one box here.  
Checking more than one  
will delay your approval.

If the applicant is a citizen, a legal resident, or lawfully present in the United States, be sure to sign and date here. If applicant is not legally present, see more information on page 10 of this handbook.

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Continue →

## APPLICATION PAGE FOUR

### 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:

- If I am contacted by weatherization, my refusal to permit weatherization of my home may result in denial of LEAP benefits.
- My Social Security Number will be used to request and exchange information with other agencies as part of the eligibility verification process.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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:

Signature of Applicant (must be same person listed in #1, page 1)

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

Signature of Helper

Date: \_\_\_\_\_

Month, Day, Year

Address

Phone #

Date

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

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Completed

You MUST sign here in addition to the signature on application page 3. Not signing in both places will delay your approval.

## UNDOCUMENTED APPLICANTS

You are eligible for LEAP as long as **one** member of the household is a citizen or legal resident. If the legal resident or citizen is over 18, they should apply for LEAP. If all citizens and legal residents are under 18, a non-documented adult should be listed as the applicant.

Non-documented applicants should check the NO box for "Are you a US Citizen" and "Are you a registered alien" in Section 1 of the application.

**List all household members in Section 2 of the application.**

Check the boxes about their citizenship and registered alien status and list all Social Security numbers of all US citizens and permanent residents. Include copies of the minor's residency papers in your application, if they are available.

**In section 8, page 3 of the LEAP application, the undocumented applicant should NOT check any box claiming legal status, and applicant should NOT sign in this area. The applicant MUST still sign the application on the bottom of Page 4.**

Every applicant must include income information for all household members, no matter their legal status. If a household member who makes income is undocumented, their income will be counted in the total household income, but they will not be counted as a member of the household for the income limits.

For instance, if a household contains 2 undocumented adults (who each earn income) and 2 children who are US citizens, the household size for determining LEAP eligibility would be 2, and not 4. Therefore, the adults in the house must make less than \$3608 each month (based on the chart on page 3 of this handbook).

**For any questions, please call HEAT HELP (1-866-432-8435).**

## AFTER SUBMITTING APPLICATION

It will take about **10-25 days to receive approval for LEAP** after submitting your application and other documents.

**If you have had your service shut-off or are out of fuel,** approval can be quicker, but make sure you have selected the “YES” box in Section 7 of your application.

If any part of your application is incomplete, LEAP will mail you a follow-up letter requesting further information and. **This does NOT mean you are denied, but you MUST provide the documents requested in order to receive approval.** For quickest response, email images or scans of your requested documents to your county's office (email addresses for each county are listed on page 5 of this handbook).

**Call 1-866-432-8435 at any time to check the status of your LEAP application.**

## AFTER LEAP APPROVAL

LEAP will send you a letter explaining that you have been approved and will explain where the funds will be sent.

Most of the time, the funds will be transferred directly to your utility company where it will be used to pay down previous balances, and monthly balances until funds are fully used.

If your heat is included in your rent, you will likely receive the benefit on an EBT card.

You will be mailed a new LEAP application the October after you receive LEAP. You can return this application and supporting paperwork as soon as possible and get a jump on approval for next LEAP season.

## ADDITIONAL BILL ASSISTANCE

### 2021 - 2022 LEAP Extra Funding - Water & Electric

Do you have past due water, electric or heat bills? This season only, LEAP has extra funds to pay these bills.

There is an extra form included with LEAP applications this year that asks for past due bill information. This form will be included with mailed applications, or can be found on the LEAP website ([cdhs.colorado.gov/leap](https://cdhs.colorado.gov/leap)) under the “Arrearage Program” tab.

Submit this form along with copies of past due bills to receive this extra funding. **Extra funding for past due bills is first come, first served so apply to LEAP early!**

### Energy Outreach Colorado (EOC) Utility Assistance

Energy Outreach Colorado will pay past due electric and heating bills for qualified households. This funding is in addition to LEAP, or for those who have been denied LEAP.

To apply, find an agency near you by calling **1-866-432-8435** OR visit [energyoutreach.org/find-agency/](https://energyoutreach.org/find-agency/). This assistance is available once a year, with the program year beginning each October 1st.

#### Eligibility for EOC funding:

- ☒ You pay your home energy costs to an energy vendor/utility
- ☒ Your bill is past due or you are running low on fuel
- ☒ You meet income qualifications (your income is below 80% of your county's median income)

**NOTE:** There are no residency requirements for EOC funding.



**CRITICAL PHONE NUMBERS**

LEAP & EOC Bill Assistance: 1-866-HEAT-HELP (1-866-432-8435)

Weatherization Assistance Program: 303-866-2100

Emergency Furnace Repair: 1-855-4-MY-HEAT (1-855-469-4328)

**LEAP**, Colorado’s Low-income Energy Assistance Program, is a federally-funded program that helps eligible Colorado households pay a portion of their home heating costs.

Energy Outreach Colorado leads a network of industry, state and local partners to **Support, Stabilize** and **Sustain** Coloradans to afford their energy needs.



LEAP  
warmth in every home



ENERGY  
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