



LEAP APPLICATION FORM

**COMPLETE
ALL 4
PAGES**

IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, CALL YOUR COUNTY SOCIAL SERVICES DEPARTMENT.

FOR COUNTY USE ONLY

<div style="border: 1px solid black; width: 80%; margin: auto; padding: 10px;"> <p>If label is attached, please do not remove.</p> </div>	County	HOUSEHOLD NUMBER Basic	Suffix	Cat.
	CASE Reg. Adv. Exped.	PAYMENT METHOD Client Vendor	TECHNICIAN NUMBER	
	DATE RECEIVED			

● 1. APPLICANT

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN OR PREVIOUS NAME
ADDRESS OF RESIDENCE (IS THIS THE SAME ADDRESS AS THE PREVIOUS HEAT SEASON'S APPLICATION?) <input type="checkbox"/> YES <input type="checkbox"/> NO		CITY	STATE
MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE)		CITY	STATE
SOCIAL SECURITY NUMBER	TELEPHONE OR MESSAGE NUMBER	DATE OF BIRTH	IN WHICH COUNTY DO YOU LIVE?

● 2. HOUSEHOLD MEMBERS

COMPLETE THE FOLLOWING FOR EACH MEMBER OF YOUR HOUSEHOLD. **"YOUR HOUSEHOLD"** MEANS YOURSELF AND THE PEOPLE WHO LIVE WITH YOU FOR WHOM YOU HAVE FINANCIAL RESPONSIBILITY. DO **NOT** INCLUDE ROOMMATES OR MEMBERS OF OTHER FAMILIES THAT MAY BE LIVING WITH YOU.

NAME (List yourself and all household members)	RELATIONSHIP TO YOU	DATE OF BIRTH	PLACE OF BIRTH	AGE	SEX	SOCIAL SECURITY NUMBER	DO YOU HAVE INCOME?		ARE YOU A US CITIZEN?		ARE YOU A REGIS- TERED ALIEN?	
							YES	NO	YES	NO	YES	NO
	SELF											

IF YOU OR MEMBERS OF YOUR HOUSEHOLD ARE A REGISTERED ALIEN, PLEASE ATTACH ALIEN REGISTRATION NUMBERS TO THE APPLICATION. ←

HOW MANY DEPENDENTS LIVE WITH YOU, INCLUDING YOURSELF? _____

DOES ANYONE ELSE LIVE AT THIS RESIDENCE BESIDES THE PEOPLE YOU LISTED ABOVE? YES NO IF "YES", HOW MANY **OTHER** FAMILIES OR ROOMMATES LIVE WITH YOU? _____

PLEASE LIST THE NAMES OF THE ROOMMATES OR MEMBERS OF OTHER FAMILIES LIVING WITH YOU. DO NOT INCLUDE MEMBERS OF YOUR OWN HOUSEHOLD WHO ARE ALREADY LISTED ABOVE.

NAME	RELATIONSHIP TO YOU	AGE

IF YOU ARE FACING A HOME HEATING EMERGENCY, SUCH AS A SHUTOFF OR PENDING SHUTOFF, CONTACT YOUR COUNTY DEPARTMENT OF SOCIAL SERVICES. FOR FURNACE PROBLEMS OR BROKEN WINDOWS IMMEDIATELY CALL YOUR COUNTY SOCIAL SERVICES DEPARTMENT FOR ASSISTANCE.

● 3. HOUSEHOLD INCOME

A. DOES ANYONE IN YOUR HOUSEHOLD HAVE WORK INCOME? YES NO

EMPLOYER	ADDRESS	WHO RECEIVES IT?	HOW OFTEN PAID?	GROSS MONTHLY AMOUNT	STOP: ATTACH LAST MONTH'S PAY STUBS FROM YOUR WORK

B. DOES ANYONE IN YOUR HOUSEHOLD HAVE SELF-EMPLOYMENT INCOME (INCLUDES BABY-SITTING, DAY CARE, ETC.)? YES NO

BUSINESS	ADDRESS	WHO RECEIVES IT?	HOW OFTEN PAID?	GROSS MONTHLY AMOUNT	ATTACH PROOF OF SELF EMPLOYMENT INCOME AND EXPENSES

C. DOES ANYONE IN YOUR HOUSEHOLD HAVE NON-WORK INCOME? YES NO

IF YES, PLEASE CHECK (✓) BELOW.	WHO RECEIVES IT?	HOW OFTEN PAID?	GROSS MONTHLY AMOUNT	ATTACH PROOF OF ALL INCOME LISTED IN SECTION 2	
SECTION 1					
<input type="checkbox"/> Supplemental Security Income (SSI)					
<input type="checkbox"/> Colorado Works / TANF					
<input type="checkbox"/> Old Age Pension (OAP)					
<input type="checkbox"/> Aid to Needy Disabled (AND) / Aid to the Blind (AB)					
SECTION 2					
<input type="checkbox"/> Social Security - claim #					
<input type="checkbox"/> Alimony or Child Support					
<input type="checkbox"/> Money from others, such as friends or relatives					
<input type="checkbox"/> Veteran's benefits - claim #					
<input type="checkbox"/> Unemployment Compensation					
<input type="checkbox"/> Workers Compensation/ Disability or Sick Benefits					
<input type="checkbox"/> Pensions or Retirement Income					
<input type="checkbox"/> Any other income, explain:					

D. If your household income does not cover your basic living expenses, explain how you are paying the following costs.

Rent _____
 Utilities _____
 Food _____
 Other _____

Did you pay your expenses by a loan or a gift from a friend or relative? YES NO

If a loan when did you receive the money? _____ How much is the total loan? _____

When do you begin repaying the loan? _____ How much money per month? _____

If a gift(s) from a friend or relative, when did you receive the money? _____ How much was the gift? _____

● 4. LIVING ARRANGEMENTS

CHECK (✓) THE ITEM THAT BEST DESCRIBES WHERE YOU LIVE.

- | | | |
|---|--|---|
| <input type="checkbox"/> House | <input type="checkbox"/> RV (length _____ X width _____) | <input type="checkbox"/> Dormitory |
| <input type="checkbox"/> Duplex / Triplex / Fourplex | <input type="checkbox"/> Van / Car | <input type="checkbox"/> Fraternity / Sorority House |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Rooming / Boarding House | <input type="checkbox"/> Rehabilitation Center |
| <input type="checkbox"/> Apartment / Condo | <input type="checkbox"/> Hotel | <input type="checkbox"/> Correctional Facility |
| <input type="checkbox"/> Mobile Home (length _____ X width _____) | <input type="checkbox"/> Group Home | <input type="checkbox"/> Nursing Home / Residential Care Facility |
| <input type="checkbox"/> Other, Specify: _____ | | |

Rent or mortgage payment: Rent: \$ _____ Mortgage: \$ _____

Do you live in subsidized, low income housing (section 8, senior citizen apartments, public housing, etc.)? Yes No

If YES, what is the name of the subsidized housing? _____

● **5. HEAT / RENT INFORMATION**

CHECK (✓) THE MAIN FUEL USED TO HEAT (NOT LIGHT) YOUR RESIDENCE. **CHECK ONLY ONE.**

Natural Gas Propane Electricity Wood Coal Fuel Oil Kerosene Other: _____

CHECK (✓) THE WAY IN WHICH THE HEAT (NOT LIGHT) IS PAID FOR AT YOUR RESIDENCE.

1. 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 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: _____

2. Heat is included in my rent. (If so, attach copy of most recent rent receipt).

3. 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: _____

DO YOU HAVE A COLORADO QUEST CARD (ELECTRONIC BENEFIT CARD)? YES NO

UNDER WHOSE NAME IS THE QUEST CARD? _____

● **6. OPTIONAL 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 (✓) THE ITEMS BELOW THAT DESCRIBE ANY MEMBER OF YOUR HOUSEHOLD:

- Children aged 0 – 2 years of age
- Children aged 3 – 5 years of age
- Children aged 6 – 20 years of age
- Person 60 years of age or older
- Handicapped or disabled
- Received LEAP last year
- Employed

RESOURCES: How much money do you have in cash, checking and savings accounts, IRA's, and other assets? \$ _____
Do not count any motor vehicles, your home or other property.

Head of Household: Male Female

Race of head of household: Hispanic Other White African American Native American Asian Other

I LEARNED ABOUT LEAP FROM THE FOLLOWING SOURCE (CHECK (✓) ALL THAT APPLY):

- Friend
- LEAP Poster
- Heating Company
- Received Application in Mail
- Direct Mailer
- Newspaper
- Radio
- Food Stamp Office
- Senior Center
- Billboards
- Bus Benches
- Television
- Social Services Office

Other (Explain) _____

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APPLICANT CHECKLIST

TO AVOID DELAYS IN PROCESSING YOUR APPLICATION SUBMIT ALL REQUIRED INFORMATION WITH YOUR APPLICATION.

- I have attached proof, (COPIES of pay stubs, award letters, loans, alien registration numbers, etc.) for all income received by my household last month. (Proof not required for public assistance income: Colorado Works / TANF, OAP, AB, AND).
- I have attached a COPY of my most recent heating (not lighting) bill showing company name, address, account numbers.
- I have attached a COPY of my most recent rent receipt, if heating costs are included in rent.

APPLICANT RESPONSIBILITIES READ THE FOLLOWING AND SIGN FULL NAME BELOW

- I understand that the LEAP Office may require proof of any information provided in this application or subsequently reported to the LEAP office.
- I am aware that failure to provide proof of income and heating costs will result in denial of LEAP benefits. I hereby authorize release of information concerning my LEAP application and benefits to my utility company and/or fuel dealer if necessary for a vendor payment, to prevent shutoff, or to obtain fuel consumption information, or for weatherization purposes.
- I understand that 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 Department of Human Services may use my Social Security number to get wage data, amount of unearned income, interest income, Social Security benefits, pensions, railroad retirement, or veterans' benefits. As part of the eligibility verification process, the Department of Human Services has my permission to contact other agencies on my behalf to establish eligibility.**
- I am aware that I have the right to a county hearing and/or state appeal and to the assistance of legal counsel in the event of a denial, reduction, or termination of my assistance, and in other matters for which such appeal rights exist.
- I declare that the information given by me in this application is true and correct. I understand the penalty for providing false information shall be no more than a \$15,000 fine, or not more than 5 years imprisonment, or both.
- I understand that my LEAP benefit is not intended to pay for all my heating costs. I am responsible for paying any costs still owed to my heat provider or my landlord (as applicable).

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