

Bill Payment Assistance

Application Instructions

Energy Outreach Colorado's Bill Payment Assistance program provides bill payment assistance to households across Colorado who are behind on their energy bills and are at risk of not having home energy. Payments are made directly to a local utility or fuel company.

This program is offered locally by Cloud City Conservation Center (C4) in partnership with Energy Outreach Colorado. Your household can receive assistance once during the program year, which runs Oct 1-Sept 30.

Qualifications

1. You pay home energy costs directly to an energy vendor/utility
2. Your bill is past due or you are low on bulk fuel (i.e. propane, firewood, pellets)
3. You meet income qualifications for your county (80% of AMI)

Income Qualifications for Lake County

Household Size – Max Gross Monthly (before taxes)

1 Person – \$3,433

2 Persons – \$3,820

3 Persons – \$4,413

4 Persons – \$4,900

5 Persons – \$5,293

6 Persons – \$5,687

7 Persons – \$6,080

8 Persons – \$6,473

Each additional person – \$393

A completed application package includes the following:

- Fully completed and signed application, COVID survey, and energy pledge
- Xcel Consent Form signed by the account holder (if you are an Xcel customer)
- A copy of the applicant's photo ID
- A copy of the bill(s) you need assistance with

Please submit your completed application package to C4 at energy@c4leadville.org. Incomplete applications will cause delays in receiving assistance. Contact C4 at 719-465-6164 if you have questions or need assistance.

BILL PAYMENT ASSISTANCE APPLICATION



PLEASE RETURN TO

EMAIL

FAX

PHONE

APPLICANT INFORMATION

FULL LEGAL NAME (FIRST, MI, LAST)

PREFERRED PHONE

ALTERNATIVE PHONE

EMAIL ADDRESS

HOME ADDRESS

CITY

STATE

ZIP CODE

COUNTY

SAME AS ABOVE

MAILING ADDRESS

CITY

STATE

ZIP CODE

HOUSEHOLD INFORMATION

ANNUAL HOUSEHOLD INCOME \$ (INCLUDING ANNUAL INCOME FOR ALL MEMBERS OF THE HOUSEHOLD)

APPLICANT DATE OF BIRTH MM|DD|YYYY

List **all** additional members of your household (if applicable) and their date of birth(s).

1 NAME	BIRTH DATE	1 NAME	BIRTH DATE
2 NAME	BIRTH DATE	2 NAME	BIRTH DATE
3 NAME	BIRTH DATE	3 NAME	BIRTH DATE

TOTAL NUMBER OF HOUSEHOLD MEMBERS (INCLUDING APPLICANT)

DEMOGRAPHIC INFORMATION

GENDER MALE FEMALE NON-BINARY OTHER PREFER NOT TO SAY

ETHNICITY HISPANIC/LATINX/SPANISH NOT HISPANIC/LATINX/SPANISH UNKNOWN/NOT REPORTED

RACE ASIAN BLACK/AFRICAN AMERICAN HAWAIIAN/PACIFIC ISLANDER MULTI-RACE
 NATIVE AMERICAN/ALASKAN NATIVE WHITE OTHER UNKNOWN/NOT REPORTED

EMPLOYMENT STATUS FULL TIME PART TIME UNEMPLOYED RETIRED OTHER

HOUSING INFORMATION

What type of home do you live in? HOUSE APARTMENT MOBILE HOME DUPLEX/TRIPLEX/FOURPLEX TOWNHOUSE

Do you own or rent your home? OWN RENT

ADDITIONAL INFORMATION

Your answers to the following questions will not affect your eligibility for assistance.

Is anyone in your household: Disabled? YES NO A veteran? YES NO

PREFERRED LANGUAGE

Have any of the situations below applied to you in the past year? **Check all that apply**

- I went without food so that I could pay my energy bill.
- I went without medication(s) or medical care so that I could pay my energy bill.
- I was at risk of being evicted because I could not afford to pay my utilities.
- I was evicted because I could not afford to pay my utilities.
- I kept the temperature in my home cold/warm because I couldn't afford to heat/cool my home at a comfortable level.
- None**

LOW-INCOME ENERGY ASSISTANCE PROGRAM (LEAP) STATUS

WHAT IS YOUR LEAP STATUS?

All applicants are encouraged to apply for LEAP during the LEAP season (Nov. 1st - April 30th). If you are not sure what LEAP is, please ask.

Did not apply Received LEAP in the past 12 months Application Denied Not Eligible

BENEFIT INFORMATION

DOES YOUR HOUSEHOLD RECEIVE ANY OF THE BENEFITS LISTED BELOW?

AID to the Blind (AB) Housing Choice Voucher (Section 8) Old Age Pension (OAP)
 Social Security Disability Income (SSDI) Social Security Income (SSA) Veterans Disability
 Medicare Medicaid Public housing/rental assistance
 Aid to the Needy Disabled (AND) Supplemental Security Income (SSI) Women, Infants, and Children (WIC)
 SNAP (Food Stamps) Temporary AID to Needy Families (TANF) **None**

ACCOUNT INFORMATION

What is your primary heating source? ELECTRIC GAS PROPANE WOOD
 COAL OIL KEROSENE PELLETS

Which bill(s) do you need assistance with? List up to two accounts.

Account Holder Name Same as above

If applicable, why is the bill not in your name?

If you are not the account holder, are you listed on the account? YES NO

1. Company Name Account Number

Account Type ELECTRIC GAS ELECTRIC AND GAS PROPANE WOOD PELLETS COAL KEROSENE OIL

2. Company Name Account Number

Account Type ELECTRIC GAS ELECTRIC AND GAS PROPANE WOOD PELLETS COAL KEROSENE OIL

EMERGENCY TYPE

What type(s) of emergency are you experiencing? Select at least one and up to two options.

- My electricity and/or gas service is currently shut off.
 My propane, fuel oil or kerosene tank is empty **or** I am out of wood, pellets or coal.
 I received a disconnect notice but my electricity and/or gas is not disconnected. *Disconnect scheduled for:* _____
 I have a past due balance on my electricity/gas bill.
 My propane, fuel oil or kerosene tank is at 30% or below **or** I am low on wood, pellets or coal.

CONSENT AND SIGNATURE, SELF-ATTESTATION

I certify that the information in this application and supporting documentation is accurate and true to the best of my knowledge. **I acknowledge that providing false, inaccurate, or incomplete information may result in termination of participation in the program and possible criminal liability.** By signing this document, I release Energy Outreach Colorado (EOC) and its partner agencies to exchange with other entities including, but not limited to, energy vendors any essential information about my case that is necessary to obtain resources to meet my needs for assistance. Any information exchanged with third parties will be done so without discrimination and with respect for my rights. This information will be used solely for the purpose of providing me with energy assistance and related services, such as free community solar subscriptions or alternative utility rate structures I may qualify for, of which I will be given written notice and the option to opt out. In addition, I consent to be contacted about other programs and services such as solar subsidies and weatherization that may help me to reduce my long-term energy costs. I hereby release EOC, its officers, directors, employees, agents, and affiliated entities from any liability related to the supplying of the information on this application.

NOTE: This application is only valid for 60 days

SIGNATURE OF APPLICANT

DATE



CONSENT TO DISCLOSE UTILITY CUSTOMER DATA

All requested information must be provided for the consent to be valid. This form may be available in other languages. To obtain a copy in another language, please contact inquire@xcelenergy.com. Para obtener una copia de este formulario en español, por favor contacte a su proveedor de servicios públicos.

Utility Name and Contact: **Xcel Energy Correspondence Department**

Physical and Mailing Address: **P.O. Box 8, Eau Claire, WI, 54702**

Phone: **800.895.4999** Email: **datarequest@xcelenergy.com** Fax: **866.208.8732**

For additional information, including the utility's privacy policy, visit xcelenergy.com.

To be completed by the Data Recipient

By signing this form, you allow your utility to give the following information to:

Organization/Trade Name: **Energy Outreach Colorado & Partner Agencies**

Contact Name (if available): _____

Physical and Mailing Address: **303 E 17th Ave, Suite 405 Denver CO 80203**

Phone: **303.825.8750** Email: **energyassistance@energyoutreach.org** Fax: **303.547.1888**

This organization will receive the following customer data:

Information from your meter collected by your utility services provider from the following services (check all services that apply):

electric **steam** **natural gas**

Information regarding your participation in renewable energy, demand-side management, load management, energy efficiency or other utility programs

Other (specify) _____

This information will be used to:

Provide you with products or services you requested Offer you products or services that may be of interest to you

Determine your eligibility for an energy program Analyze your energy usage

Other (specify) _____

DATA COLLECTION PERIOD

The relevant timeframe associated with the requested data is from 1 / 1 / 20 and will:

end on ____/____/____

be effective until terminated by you.

You may terminate this consent at any time by sending a written request with your name and service address to your utility.

To be completed by the Customer

CUSTOMER DISCLOSURES

Customer data can provide insight into activities within the premises receiving utility service. Your utility 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.

You are not required to authorize the disclosure of your customer data. Not authorizing disclosure will not affect your utility services.

You may access your standard customer data from your utility without any additional charge.

Your utility 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 data recipient maintains the confidentiality of the data or uses the data as authorized by you. Please be advised that you may not be able to control the use or misuse of your data once it has been released.

In addition to the customer data described above, the data recipient may also receive the following from your utility: your name; account number; service number; meter number; utility type; service address; premise number; premise description; meter read date(s); number of days in the billing period; utility invoice date; base rate bill amount; other charges including base rate and non-base rate adjustments; taxes; and invoice total amount. Your utility will not provide any other information, including personally identifiable information, such as your Social Security Number or any financial account number, to the data recipient through this consent form.

PLEASE READ THE CUSTOMER DISCLOSURES ABOVE

By signing this form you acknowledge and agree that you are the customer of record for this account and that you authorize your utility service provider to disclose your customer data as specified in this form.

CUSTOMER ACCOUNT NUMBER

SERVICE ADDRESS

PRINTED NAME

SIGNATURE OF CUSTOMER OF RECORD

DATE SIGNED



Energy Pledge

Please fill out after reviewing Energy Worksheet

1. First Name: _____ Last Name: _____

2. Is the participant an Xcel customer?

- Yes, Xcel gas and electric Yes, Xcel gas only
 Yes, Xcel electric only No, not an Xcel customer

3. Preferred Language

- English Spanish
 Other: _____

4. Zip Code: _____

5. Which one time action will you take to lower your energy use?

- Set water heater to 120°F
 Set refrigerator temperature between 36-39°F
 Set sleep mode on electronics
 Other: _____

6. Which everyday action will you take to lower your energy use?

- Adjust thermostat when you are away or asleep
 Wash clothes in cold water
 Unplug appliances when not in use
 Other: _____

7. Do you commit to checking your energy use each month?

- Yes No

8. How do you typically view your bill?

- Mailed paper bill Online through Xcel My Account

9. Type of appointment

- In-person Remote (with email) Remote (no email)

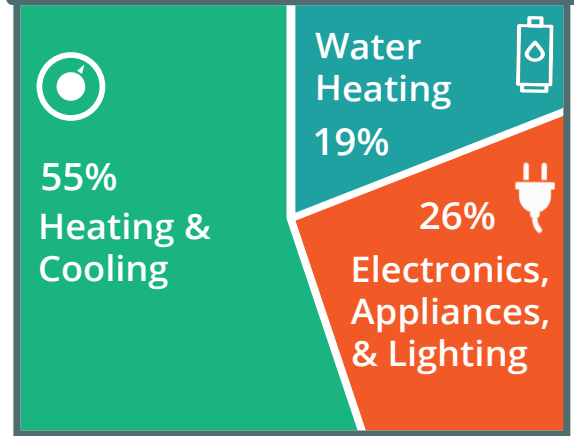
10. Please provide mobile phone and email address

Mobile Phone: _____

Email: _____

11. Agency performing education: _____

WHAT USES ENERGY IN YOUR HOME?



TIPS FOR SAVING ENERGY



WINTER

- Turn down thermostat when away or asleep
- Open curtains during day
- Caulk leaks in windows



SUMMER

- Turn A/C down or off when away or asleep
- Close curtains during day
- Use fans to circulate air



- Set sleep mode on electronics (found in settings menu)
- Unplug appliances with displays when not in use
- Set fridge temp to 36 - 39°F and freezer to 0 - 5°F
If your knob has numbers labeled 1-5, set fridge to 3; if labeled 1-9, set to 4. The higher the number, the colder the fridge will be



- Turn down water heater temperature to 120°F
If your water heater has a knob, turn it to the ▲ icon
- Wash clothes in cold water
- Add aerators to sinks to reduce water usage



Reading Your Electric Bill



Meter Number	Billing Period		Elapsed Time	Current Meter Reading	Previous Meter Reading	Kilowatt Hours Used
	From	To				
12345	6/2/21	7/2/21	30 Days	37128 Actual	36370 Actual	758 kWh

Check that your bill measures actual usage, otherwise you may be charged based on an estimate.

Electricity is measured in kilowatt hours (kWh) and you are charged different fees based on how many you use in the billing period.

ELECTRICITY CHARGES

Description	Usage Units	Rate	Charge
Service & Facility			\$5.47
On-Peak Energy	300 kWh	\$0.138	\$41.40
Mid Pk Energy	233 kWh	\$0.094	\$21.90
Off-Peak Energy	225 kWh	\$0.051	\$11.48
Trans Cost Adj	758 kWh	\$0.001	\$0.76
Elec Commodity Adj	758 kWh	\$0.031	\$23.50
DSM Cost	758 kWh	\$0.002	\$1.52
Purch Cap Cost Adj	758 kWh	\$0.004	\$3.03
RDA	758 kWh	-\$0.004	-\$3.03 CR
Subtotal			\$106.03
Franchise Fee		3.00%	\$3.18
Sales Tax			\$5.30
Total			\$114.51

Understand your rate structure - this bill charges higher rates based on when energy is used. Some will charge more per kWh after a certain number of kWh have been used.

YOUR MONTHLY ELECTRICITY USAGE



DAILY AVERAGES	Last Year	This Year
Temperature	38°F	41°F
Electricity kWh	8.3	7.9
Electricity Cost	\$1.20	\$1.54

Month-to-month charts can help you see if your energy-saving actions are working to reduce your usage over time.



Get Assistance

Need utility bill assistance?

Call 1-866-HEAT-HELP (1-866-432-8435) to apply for LEAP or connect to an Energy Outreach Colorado (EOC) agency partner once a year.

EOC year begins each October, LEAP begins each November

Need emergency furnace repair or replacement?

Call 1-855-469-4328 for emergency assistance (must qualify for LEAP).

Need free upgrades to make your home more efficient?

Call the CARE Program at 303-226-5061 to see if you qualify

Learn more at energyoutreach.org

