

# C4 ENERGY ASSISTANCE FUND

Return to: [energy@4leadville.org](mailto:energy@4leadville.org)

Phone: 719-465-6164



This program is designed to assist households in Lake County with energy assessments and efficiency improvements, as well as health and safety issues (such as broken windows, burst pipes, or non functioning water heating) to relieve some of the financial burden associated with addressing these issues. Households may qualify if they make below 120% of the Area Median Income for Lake County and have a concern that is not covered under another state or federal assistance program.

## APPLICANT INFORMATION

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Full legal name \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home address \_\_\_\_\_

Phone number \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

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Monthly family income (including the monthly income of everyone in the household): \$ \_\_\_\_\_

Gender:

Male

Non binary

Prefer not to say

Female

Other

Ethnicity:

Hispanic/Latinx/Spanish

Not Hispanic/Latinx/Spanish

Unknown/Not reported

Race:

Asian

Native American/Alaskan Native

Black/African American

Other

Hawaiian/Pacific Islander

Unknown/Not reported

Multi-race

## HOUSEHOLD INFORMATION

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

1. Name \_\_\_\_\_ Birth date \_\_\_\_\_

2. Name \_\_\_\_\_ Birth date \_\_\_\_\_

3. Name \_\_\_\_\_ Birth date \_\_\_\_\_

4. Name \_\_\_\_\_ Birth date \_\_\_\_\_

5. Name \_\_\_\_\_ Birth date \_\_\_\_\_

6. Name \_\_\_\_\_ Birth date \_\_\_\_\_

7. Name \_\_\_\_\_ Birth date \_\_\_\_\_

8. Name \_\_\_\_\_ Birth date \_\_\_\_\_

## HOUSING INFORMATION

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What type of home do you live in?

House

Mobile Home

Other

Apartment

Townhome/Duplex/Triplex

Do you own or rent your home?

Own

Rent

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## LOW-INCOME ENERGY ASSISTANCE PROGRAMS

Have you ever received assistance from any of the following programs?\*

- Bill Payment Assistance
- LEAP (Low-income Energy Assistance Program)
- CIP (Crisis Intervention Program)
- CARE (Colorado's Affordable Residential Energy Program)
- WAP (Weatherization Assistance Program)

\*If you qualify for any of the above programs and they could be used to address the issue you are experiencing you must utilize these programs first before C4 Energy Assistance Funds can be utilized.

## APPLICATION TYPE

- Energy assessment/efficiency improvements
- Health and/or safety emergency (please briefly explain)

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## CONSENT & 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 Cloud City Conservation Center (C4) 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. 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 C4, its officers, directors, employees, agents, and affiliated entities from any liability related to the supplying of the information on this application.*

\_\_\_\_\_  
Signature of Applicant Date

**Return your completed application, copy of photo ID, and invoice you are seeking assistance for to [energy@4leadville.org](mailto:energy@4leadville.org)**

## To be completed by C4 staff

- Approved
  - By: \_\_\_\_\_
  - Amount: \_\_\_\_\_
  - For: \_\_\_\_\_
- Denied
  - Reason: \_\_\_\_\_

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