

Application for C4 ENERGY ASSISTANCE

Return to: energy@4leadville.org

Phone: 719-465-6164



This reimbursement program is designed to assist low-income 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 100% 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

Full legal name _____ Date of birth: _____

Home address _____

Phone number _____ Email address: _____

Mailing address (if different) _____

DEMOGRAPHIC INFORMATION

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

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
- Other
- Unknown/Not reported

HOUSEHOLD INFORMATION

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

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)
- CARE (Colorado's Affordable Residential Energy Program)
- WAP (Weatherization Assistance Program)

APPLICATION TYPE

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

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