APPLYING FOR LEAP

IMPORTANT INFORMATION—PLEASE READ BEFORE APPLYING!

Do you need help completing the LEAP application, have questions about how to apply or where to send your application? For answers to these and any other questions call HEAT HELP at 1-866-432-8435.

LEAP is designed to assist low-income households with paying their winter home heating costs but is not intended to pay the entire cost of home heating or utility usage. LEAP benefits are available to all eligible persons/households without regard to race, color, sex, age, disability, national origin, political or religious beliefs.

LEAP cannot assist or provide a benefit for any type of portable heating systems.

ELIGIBILITY REQUIREMENTS

YOU MAY QUALIFY FOR LEAP IF:

- You pay home heating costs to an energy provider, fuel dealer, or as part of your rent.
- You are a permanent legal resident of the United States and Colorado or you have household members that are U.S. citizens.
- Your maximum family household income falls within the guidelines given below. "Household" means people who live with you and for whom you are financially responsible.

HOUSEHOLD SIZE	MONTHLY GROSS INCOME 60% OF STATE MEDIAN INCOME
1	$3,607
2	$4,717
3	$5,827
4	$6,938
5	$8,048
6	$9,158
7	$9,366
8	$9,574
EACH ADDITIONAL PERSON	$208

PLEASE COMPLETE AND TURN IN ALL 4 PAGES OF THE APPLICATION

REVIEW YOUR APPLICATION BEFORE YOU TURN IT IN.

Make sure you've answered all the questions and have attached all the requested information. Your attention to detail now helps us process your application. If your application is not complete, we cannot process your request. The sooner your application is received, the sooner it will be processed, and a decision on your application can be made.

- ☐ I have answered all questions in all sections on my application.
- ☐ I have included social security numbers and birth dates for ALL household members.
- ☐ I have attached a copy of documented non-citizen verification.
- ☐ I have attached proof (copies of pay stubs, award letters, loans, etc.) for all income received by my household last month.
- ☐ I have attached a copy of my most recent heating (not lighting) bill showing company name, address, and account numbers.
- ☐ I have attached a copy of my most recent rent receipt (if heating costs are included in rent). The rent receipt must clearly show heat is included.
- ☐ I have attached receipts for all expenses claimed on my profit and loss statement for self-employment income.
- ☐ I have signed my application.

APPLYING FOR LEAP

WHAT TO DO IF YOUR HOUSEHOLD IS IN AN EMERGENCY *(Service disconnected; about to be disconnected, out of propane; about to run out of propane)*

If you are in an emergency your application will be processed expeditiously. Please follow these instructions:

1. Complete your LEAP application and be sure to answer all questions in Section 7 pertaining to your emergency and provide a copy of your disconnect notice, if applicable.

2 Call HEAT HELP at 1-866-432-8435 for instructions on how to quickly submit your application and supporting documents to your county LEAP office and/or if you need assistance completing your application.

CONTINUE PAYING YOUR HEAT BILL, AS LEAP ASSISTANCE WILL NOT PAY FOR YOUR ENTIRE HEAT BILL.

Do not wait for help from LEAP. Our process takes time, so you must keep your account current by making a payment towards your heat bill on time. If you apply for LEAP and receive a shutoff notice before you know the outcome of your application, or you have your heating service disconnected, notify your county department of human services immediately. Remember, simply filling out this application does not mean that you can ignore your current bills and notices from your energy company.

YOUR PARTICIPATION IN OTHER GOVERNMENT PROGRAMS WILL NOT BE AFFECTED IF YOU APPLY FOR LEAP.

No other government program will cut or limit your participation in that program. This includes Medicare, Supplemental Security Income (SSI), Colorado Works/TANF, Food Assistance, Old Age Pension (OAP), and Aid to Needy Disabled (AND)/Aid to the Blind (AB).

YOU CAN RECEIVE ONLY ONE LEAP BENEFIT PER HEAT SEASON.

The heat season runs from November 1st through April 30th. Although your LEAP assistance may be split into two (2) separate payments, any benefit you receive during a heat season will be the only one for that year—plan accordingly.

IF YOU RECEIVE SOCIAL SECURITY INCOME PLEASE SUBMIT YOUR APPLICATION BEFORE JAN. 1, 2026 BECAUSE YOUR LEAP ELIGIBILITY MAY BE AFFECTED BY THE ANNUAL COST OF LIVING ADJUSTMENT (COLA).

Appeal Rights—You have a right to appeal, if your application is not processed within the timelines set forth by the Colorado Department of Human Services. If the county/contractor office does not process your application within 30 days from the date of receipt for a regular application and 18 days from the date of receipt for an emergency application, please contact the State LEAP Office at 303-861-0269 to request a conference.

ADDITIONAL LEAP ASSISTANCE

Crisis Intervention Program (CIP)

If you are eligible for LEAP, you may qualify for emergency help such as repair or replacement of your primary heating system. If you have this type of emergency you must contact 1-855-4MYHEAT (1-855-469-4328).

WEATHERIZATION

You may also qualify for free weatherization services that will improve your home through the Colorado Energy Office Weatherization Program. Weatherization will reduce your home energy usage, help you save money, and keep your home safer and more comfortable year round. For more information please call 1-866-432-8435.

COLORADO PROPERTY TAX/RENT/HEAT REBATE PROGRAM

Colorado also offers a rebate of property tax, rent, and heat expenses to low-income seniors and individuals with disabilities. Please visit the Colorado Department of Revenue's website at **https://tax.colorado.gov/PTC-rebate** for more information and the rebate application booklet or call 303-238-7378, Press 1.

WOULD YOU LIKE TO KNOW THE STATUS OF YOUR LEAP APPLICATION?

To inquire about the status of your LEAP application, please call HEAT HELP at 1-866-432-8435.

PLEASE COMPLETE AND TURN IN ALL 4 PAGES OF THE APPLICATION

COLORADO
Office of Economic Security
Division of Food & Energy Assistance

LEAP
APPLICATION FORM
(Program Year is November 1st–April 30th)

COMPLETE ALL 4 PAGES AND SIGN PAGE 4

FOR COUNTY USE ONLY		
County	Household Number Basic	Suffix
Notes		
Date Received		

If you need assistance in completing this application, call HEAT HELP at 1-866-432-8435.

1. APPLICANT

Last Name	First Name	Middle Name	
Address of Residence	City	State	Zip Code
Mailing Address (If Different Than Residence)	City	State	Zip Code
Telephone or Cellphone Number / Date of Birth / Place of Birth / Age / Sex ☐ Male ☐ Female ☐ Other		Are you a U.S. citizen? ☐ Yes ☐ No	Are you a documented non-citizen? ☐ Yes ☐ No
Email Address	In which county do you live?	Social Security Number	

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: ☐ Disabled or a ☐ Veteran

Ethnicity of applicant: ☐ Hispanic (HS) ☐ Non-Hispanic (NHS)

Race of applicant: ☐ White/Caucasian (WC) ☐ Black or African American (B or AA) ☐ American Indian or Alaska Native (AI or AN) ☐ Asian (AS) ☐ Native Hawaiian or Other Pacific Islander (NH or PI) ☐ Other/Unknown (OTH)

2. OTHER HOUSEHOLD MEMBERS

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**	**Ethnicity** *(see above for code)*	**Race** *(see above for code)*	**Are you a U.S. citizen?** Yes	No	***Are you a documented non-citizen?** Yes	No

*If you or members of your household are a registered non-citizen, **PLEASE ATTACH A COPY OF YOUR DOCUMENTED NON-CITIZEN VERIFICATION TO THE APPLICATION.**

● 3. DOES ANYONE ELSE LIVE AT THIS ADDRESS? ☐ Yes ☐ No

List roommates or members of other families that are not part of your household and who you are not financially responsible for.
If "yes," how many? _____.

Name	Relationship to You	Age

● 4. HOUSEHOLD INCOME

A. Do you or anyone in your household have work income? ☐ Yes ☐ No

Who Receives It?	How Often Paid?	Gross Monthly Amount	Employer Name	
				Attach copies of pay stubs for at least the 4 weeks prior to the date of application.

B. Do you or anyone in your household have self-employment work income? (Includes baby sitting, etc.) ☐ Yes ☐ No

Who Receives It?	Gross Monthly Amount	Is this an LLC or SCORP?	Employer Name	
		☐ Yes ☐ No		**If you have business expenses, please attach copies of receipts.**
		☐ Yes ☐ No		

C. Do you or anyone in your household have non-work income (which includes any public assistance programs) as listed below? ☐ Yes ☐ No

Social Security income (SSA); Supplemental Security Income (SSI); Supplemental Security Disability Income (SSDI); Colorado Works (TANF); 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	
				Attach 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: _____

COMPLETE ALL 4 PAGES AND SIGN PAGE 4. PLEASE RETURN ALL 4 PAGES.

Continue ⟶

● 5. LIVING ARRANGEMENTS

Check (✓) the item that best describes the dwelling where you currently live and are applying for assistance.

☐ House/Modular Home
☐ Duplex/Triplex/Fourplex
☐ Townhouse
☐ Apartment/Condominium
☐ Mobile Home
☐ Rooming/Boarding House
☐ Hotel/Motel
☐ Car/Van/Bus
☐ Group Home
☐ Dormitory
☐ Fraternity or Sorority House
☐ Rehabilitation Center
☐ Correctional Facility
☐ Nursing Home/Residential Care Facility
☐ Other Dwelling, Please Specify: _____
☐ Cabin
☐ Camper
☐ 5th Wheel
☐ RV

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? ☐ Yes

Do 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 or landlord? _____

● 6. SUBSIDIZED HOUSING

Do you live in Section 8, public housing, or do you receive a subsidy to pay your rent? ☐ Yes ☐ No

● 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 ☐ Kerosene ☐ 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: _____ Billing account number: _____

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: _____

COMPLETE ALL 4 PAGES AND SIGN PAGE 4. PLEASE RETURN ALL 4 PAGES.

Continue →

● 8. ADDITIONAL INFORMATION

I learned about LEAP from the following source (check only one):

☐ Friend	☐ 1-866-HEAT-HELP (432-8435)	☐ Senior Center	☐ Social Services Office
☐ LEAP Poster	☐ Newspaper	☐ Billboard	☐ PEAK Website
☐ Heating Company	☐ Radio	☐ Bus Benches	☐ Other
☐ Received Application in Mail	☐ LEAP Website	☐ Television	

● 9. CONSENT TO DISCLOSE CUSTOMER DATA

The Colorado LEAP office[1] 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)

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.

[1] LEAP is the Colorado Low-Income Energy Assistance Program administered by the Colorado Department of Human Services and LEAP's affiliates.

● 10. SIGNATURE AND CONSENT

By signing below I understand, I acknowledge and agree that:

1. If I am contacted by weatherization, my refusal to permit weatherization of my home may result in denial of LEAP benefits.
2. My Social Security Number will be used to request and exchange information with other agencies as part of the eligibility verification process.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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:** _____ **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 — Print Name of Helper

_____ _____ _____
Address — Phone # — Date

COMPLETE ALL 4 PAGES AND SIGN PAGE 4. PLEASE RETURN ALL 4 PAGES.

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

Completed