



AGENCY \_\_\_\_\_

APPLICATION RECEIVED AND CONFIRMED BY: \_\_\_\_\_

DATE APPROVED \_\_\_\_\_

CONTACT INFORMATION \_\_\_\_\_

XCEL PREMISE # \_\_\_\_\_

## PROGRAM APPLICATION

The CARE Program is an energy efficiency upgrade program administered by Energy Outreach Colorado, a nonprofit committed to ensuring that all Coloradans can afford their home energy needs. In partnership with your utility provider and a network of local contractors and nonprofits, the CARE Program can offer **FREE** energy efficiency upgrades to households that are at or below 80% of the area median income.

If you are approved for the CARE Program, you will receive a free home energy audit to determine what work your home will need, followed by the work being completed by our trusted contractors. The scope of work may include the following: LED light bulbs, Energy Star refrigerator, air sealing, insulation, mechanical systems replacement/tune-up, and more.

Questions? Email [apply@energyoutreach.org](mailto:apply@energyoutreach.org) or call 888-266-3139.

If you are interested in the CARE Program, please return a completed application, including the required income verification documentation, to Energy Outreach Colorado via the email or mailing address on the following page.

Alternatively, if you are in need of utility bill payment assistance or are interested in LEAP, please call 1-866-HEAT-HELP for more information.

### APPLICANT INFORMATION

Full Name \_\_\_\_\_ Email Address \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Have you received help paying your utility bill: Yes No

Through LEAP or another program? LEAP Other Program \_\_\_\_\_

Number in Household\* (Enter ALL in Household): Adults (Age 18-64): \_\_\_\_\_ Seniors (Age 65+): \_\_\_\_\_

Children (Age 6 and under): \_\_\_\_\_ Children (Age 7 - 17): \_\_\_\_\_

*\*Note: Household members are only people who live with you for whom you have financial responsibilities. For example, spouses and children are household members, but roommates or members of other families living with you are not.*

Gender Identity: Female Male Non-Binary Other Prefer not to answer

Employment Status: Full Time Part Time Unemployed Retired Other

Is anyone in your household disabled Yes No

Race: American Indian/Alaska Native Asian Black/African American White/Caucasian Native Hawaiian/Pacific Islander  
Other \_\_\_\_\_ Prefer not to answer

Ethnicity: Hispanic/LatinX/Spanish Not Hispanic/LatinX/Spanish Don't know/prefer not to answer

Preferred Language: English Spanish Arabic French German Korean Russian Vietnamese  
Other: \_\_\_\_\_

Who referred you to the program? \_\_\_\_\_

### ADDRESS INFORMATION

Physical Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Click here if your physical address and mailing address are the same**

Mailing Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### HOUSEHOLD INFORMATION

Housing Type: Apartment Condo Townhome House Duplex/Triplex/Quadplex Mobile Home

Housing Status: Own Rent\* **\* If household is a rental, the Landlord MUST sign Landlord Authorization page.**

Primary Heating Source: Gas Electric Propane Firewood Other: \_\_\_\_\_

## CURRENT ENERGY PROVIDERS

You can find this information on your utility bill. This information **MUST** be provided and accurate in order to process the application and receive services.

Electric Utility Provider \_\_\_\_\_ Account # \_\_\_\_\_

Natural Gas or Propane Utility Provider \_\_\_\_\_ Account # \_\_\_\_\_

Utility Account Holder's Full Name \_\_\_\_\_ Relation to Applicant \_\_\_\_\_

## HOUSEHOLD INCOME

OFFICE USE ONLY Pre-Approved: Yes No Household Income: \_\_\_\_\_ Referral Program: \_\_\_\_\_

**Household Assistance and Income Verification Documentation not required if income is pre-approved through a referral program.**

Annual **Household** Income Pre-Tax (entire household income must be represented): \$ \_\_\_\_\_

## HOUSEHOLD ASSISTANCE

You will **AUTOMATICALLY** qualify for the CARE program if you are currently receiving or enrolled in any of these benefits (choose all that apply):

Aid to the Blind (AB)	Section 8 Housing
Aid to the Needy Disabled (AND)	Women, Infants, and Children (WIC)
Supplemental Nutrition Assistance Program (SNAP)	Temporary Aid to Needy Families (TANF)
Old Age Pension (OAP)	LEAP (Utility Bill Assistance)*

\* If you are currently receiving LEAP benefits, or enrolled in the current program year, no Income Verification Documentation is needed.

## REQUIRED INCOME VERIFICATION DOCUMENTATION

Applicant **MUST** submit **ONE** of the paperwork options below with the application (must submit income information for ALL household earners)

Proof of benefit from above list	Most recent income (3 most recent paystubs)	Social Security Income (SSI)
Most recent Tax Return-IRS Form 1040**	Retirement Benefits Letter	Social Security Disability Income (SSDI)
Wages or Tax Statement W-2**	Letter from Employer	Supplemental Security Income (SSI)

\*\* Please remove Social Security Number from documents

## APPLICANT AUTHORIZATION

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. In addition, I consent to be contacted about other programs and services such as solar subsidies and bill assistance that may help me to reduce my 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. Additionally, if work is approved to proceed, I will assure that an adult will be present during any scheduled work inside my home.

X

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

\_\_\_\_\_  
Date

## APPLICATION SUBMITTAL

Applicants may submit their completed and signed applications to EOC or your local CARE organization.



**Questions:** 888-266-3139

**Email:** [apply@energyoutreach.org](mailto:apply@energyoutreach.org)

**Mail**  
Energy Outreach Colorado  
Attn: CARE Program  
303 E. 17th Avenue, Suite 405  
Denver, Colorado 80203

**AGENCY**

**CONTACT INFORMATION**

## PROGRAM REQUIREMENTS

1. EXISTING HOME CONDITIONS AND MECHANICAL EQUIPMENT MUST MEET PROGRAM SPECIFICATION REQUIREMENTS TO BE ELIGIBLE FOR ENERGY EFFICIENCY UPGRADES. 2. ALL DWELLINGS AND SPACES INSIDE THE DWELLING MUST BE ACCESSIBLE AND PROVIDE SAFE WORKING CONDITIONS FOR THE INSTALLATION CONTRACTORS. 3. ENERGY OUTREACH COLORADO'S ACCEPTANCE OF A SUBMITTED APPLICATION DOES NOT GUARANTEE THAT THE CUSTOMER OR MEMBER'S HOME WILL RECEIVE ENERGY EFFICIENCY UPGRADES TO THE HOME. 4. ENERGY OUTREACH COLORADO AND ALL OF THE CARE PROGRAM UTILITIES RESERVE THE RIGHT TO CONDUCT AN ON-SITE INSPECTION OF THE FUNDED ENERGY EFFICIENCY MEASURES. THE CUSTOMER OR MEMBER AGREES TO PROVIDE REASONABLE ACCESS TO INSPECT THE INSTALLATION. ON-SITE INSPECTIONS MAY BE PERFORMED UP TO ONE YEAR AFTER THE INSTALLATION DATE OF THE ENERGY EFFICIENCY MEASURES. 5. ENERGY OUTREACH COLORADO AND ALL OF THE CARE PROGRAM UTILITIES ARE NOT RESPONSIBLE FOR THE PROPER DISPOSAL/RECYCLING OF ANY WASTE GENERATED AS A RESULT OF THIS PROJECT; ARE NOT LIABLE FOR ANY DAMAGE CAUSED BY THE OPERATION OR MALFUNCTION OF THE INSTALLED EQUIPMENT; AND DOES NOT GUARANTEE THAT A SPECIFIC LEVEL OF ENERGY OR COST SAVINGS WILL RESULT FROM THE IMPLEMENTATION OF ENERGY EFFICIENCY MEASURES OR THE USE OF PRODUCTS FUNDED UNDER THESE PROGRAMS. 6. APPLICANTS WILL NOT BE ALLOWED TO SKIP ELIGIBLE ENERGY EFFICIENCY MEASURES THAT ARE DEEMED TO BE COST EFFECTIVE. INSULATION, AIR SEALING, AND LOW COST MEASURES MUST BE ADDRESSED BEFORE THE REPLACEMENT OF MECHANICAL EQUIPMENT CAN BE CONSIDERED.