



LEAP APPLICATION FORM

**COMPLETE
ALL 6
PAGES**

IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, CALL YOUR COUNTY SOCIAL SERVICES DEPARTMENT.

FOR COUNTY USE ONLY

<p>If label is attached, please do not remove.</p>	County	HOUSEHOLD NUMBER Basic	Suffix	Cat.
	CASE Reg. Adv. Exped.	PAYMENT METHOD Client Vendor	TECHNICIAN NUMBER	
	DATE RECEIVED			

1. APPLICANT PROOF OF LAWFUL PRESENCE IS REQUIRED OF THE PERSON LISTED UNDER #1 (APPLICANT)

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN OR PREVIOUS NAME
ADDRESS OF RESIDENCE (IS THIS THE SAME ADDRESS AS THE PREVIOUS HEAT SEASON'S APPLICATION?) <input type="checkbox"/> YES <input type="checkbox"/> NO		CITY	STATE ZIP CODE
MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE)		CITY	STATE ZIP CODE
SOCIAL SECURITY NUMBER	TELEPHONE OR MESSAGE NUMBER	DATE OF BIRTH	IN WHICH COUNTY DO YOU LIVE?

2. HOUSEHOLD MEMBERS

COMPLETE THE FOLLOWING FOR EACH MEMBER OF YOUR HOUSEHOLD. "YOUR HOUSEHOLD" MEANS YOURSELF AND 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 yourself and all household members)	RELATIONSHIP TO YOU	DATE OF BIRTH	PLACE OF BIRTH	AGE	SEX	SOCIAL SECURITY NUMBER	DO YOU HAVE INCOME?		ARE YOU A US CITIZEN?		*ARE YOU A REGISTERED ALIEN?	
							YES	NO	YES	NO	YES	NO
	SELF											

*IF YOU OR MEMBERS OF YOUR HOUSEHOLD ARE A REGISTERED ALIEN, PLEASE ATTACH A PHOTO COPY (FRONT & BACK) OF THE ALIEN REGISTRATION CARD(S) TO THE APPLICATION.

3. DOES ANYONE ELSE LIVE AT THIS RESIDENCE BESIDES THE PEOPLE YOU LISTED ABOVE? NO YES

IF "YES", HOW MANY OTHER FAMILIES OR ROOMMATES LIVE WITH YOU? _____

PLEASE LIST THE NAMES OF THE ROOMMATES OR MEMBERS OF OTHER FAMILIES LIVING WITH YOU. DO NOT INCLUDE MEMBERS OF YOUR OWN HOUSEHOLD WHO ARE ALREADY LISTED ABOVE.

NAME	RELATIONSHIP TO YOU	AGE

IF YOU ARE FACING A HOME HEATING EMERGENCY, SUCH AS A SHUTOFF OR PENDING SHUTOFF, CONTACT YOUR COUNTY DEPARTMENT OF SOCIAL SERVICES. FOR PRIMARY HEATING SYSTEM PROBLEMS IMMEDIATELY CALL YOUR COUNTY SOCIAL SERVICES DEPARTMENT FOR ASSISTANCE.

● 4. HOUSEHOLD INCOME

A. DOES ANYONE IN YOUR HOUSEHOLD HAVE WORK INCOME? YES NO

EMPLOYER	ADDRESS	WHO RECEIVES IT?	HOW OFTEN PAID?	GROSS MONTHLY AMOUNT	STOP: ATTACH ALL PAY STUBS FOR LAST MONTH FOR ALL HOUSEHOLD MEMBERS

B. DOES ANYONE IN YOUR HOUSEHOLD HAVE SELF-EMPLOYMENT INCOME (INCLUDES BABY-SITTING, DAY CARE, ETC.)? YES NO

BUSINESS	ADDRESS	WHO RECEIVES IT?	HOW OFTEN PAID?	GROSS MONTHLY AMOUNT	ATTACH PROOF OF SELF EMPLOYMENT PROFIT & LOSS STATEMENT

C. DOES ANYONE IN YOUR HOUSEHOLD HAVE NON-WORK INCOME? YES NO

IF YES, PLEASE CHECK (✓) BELOW.	WHO RECEIVES IT?	HOW OFTEN PAID?	GROSS MONTHLY AMOUNT	ATTACH PROOF OF ALL GROSS INCOME FOR ALL HOUSEHOLD MEMBERS
SECTION 1				
<input type="checkbox"/> Supplemental Security Income (SSI)				
<input type="checkbox"/> Colorado Works / TANF				
<input type="checkbox"/> Old Age Pension (OAP)				
<input type="checkbox"/> Aid to Needy Disabled (AND) / Aid to the Blind (AB)				
SECTION 2				
<input type="checkbox"/> Social Security—claim #				
<input type="checkbox"/> Child Support (FSR#: _____)				
<input type="checkbox"/> Alimony/Spousal maintenance				
<input type="checkbox"/> Veteran's benefits—claim #				
<input type="checkbox"/> Unemployment Compensation				
<input type="checkbox"/> Workers Compensation/ Disability or Sick Benefits				
<input type="checkbox"/> Pensions or Retirement Income				
<input type="checkbox"/> Money from others, such as friends or relatives				
<input type="checkbox"/> Any other income, explain: _____				

Did you pay your expenses by a loan or a gift from a friend or relative? NO YES IF YES, provide a loan repayment schedule.

If a loan when did you receive the money? _____ How much is the total loan? _____

When do you begin repaying the loan? _____ How much money per month? _____

If a gift(s) from a friend or relative, when did you receive the money? _____ How much was the gift? _____

D. EXPLAIN HOW YOU ARE PAYING THE FOLLOWING COSTS, ONLY IF YOUR HOUSEHOLD INCOME DOES NOT COVER YOUR BASIC LIVING EXPENSES.

Rent _____

Utilities _____

Food _____

Other _____

● 5. LIVING ARRANGEMENTS

CHECK (✓) THE ITEM THAT BEST DESCRIBES WHERE YOU LIVE.

- | | | |
|---|--|---|
| <input type="checkbox"/> House | <input type="checkbox"/> RV (length _____ X width _____) | <input type="checkbox"/> Dormitory |
| <input type="checkbox"/> Duplex / Triplex / Fourplex | <input type="checkbox"/> Van / Car | <input type="checkbox"/> Fraternity / Sorority House |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Rooming / Boarding House | <input type="checkbox"/> Rehabilitation Center |
| <input type="checkbox"/> Apartment / Condo | <input type="checkbox"/> Hotel | <input type="checkbox"/> Correctional Facility |
| <input type="checkbox"/> Mobile Home (length _____ X width _____) | <input type="checkbox"/> Group Home | <input type="checkbox"/> Nursing Home / Residential Care Facility |
| <input type="checkbox"/> Other, Specify: _____ | | |

Rent or mortgage payment: Rent: \$ _____ Mortgage: \$ _____ Space/Lot Rent: \$ _____

Do you live in subsidized, low income housing (section 8, senior citizen apartments, public housing, etc.)? Yes No

What is the name and phone number of your apartment complex? _____

● 6. HEAT / RENT INFORMATION

CHECK (✓) THE MAIN FUEL USED TO HEAT (NOT LIGHT) YOUR RESIDENCE. **CHECK ONLY ONE.**

Natural Gas Propane Electricity Wood Coal Fuel Oil Kerosene Other: _____

CHECK (✓) THE WAY IN WHICH THE HEAT (NOT LIGHT) IS PAID FOR AT YOUR RESIDENCE.

1. 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 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: _____

2. Heat is included in my rent. (If so, attach a copy of the most recent rent receipt that already shows heat is included.)

3. 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: _____

DO YOU HAVE A COLORADO QUEST CARD (ELECTRONIC BENEFIT CARD)? YES NO

UNDER WHOSE NAME IS THE QUEST CARD? _____

● 7. ADDITIONAL INFORMATION 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 (✓) THE ITEMS BELOW THAT DESCRIBE ANY MEMBER OF YOUR HOUSEHOLD:

- | | |
|--|--|
| <input type="checkbox"/> Children aged 0 – 2 years of age | <input type="checkbox"/> Handicapped or disabled |
| <input type="checkbox"/> Children aged 3 – 5 years of age | <input type="checkbox"/> Received LEAP last year |
| <input type="checkbox"/> Children aged 6 – 20 years of age | <input type="checkbox"/> Employed |
| <input type="checkbox"/> Person 60 years of age or older | |

Head of Household: Male Female

Race of head of household: Hispanic Other White African American Native American Asian Other

I LEARNED ABOUT LEAP FROM THE FOLLOWING SOURCE (CHECK (✓) ALL THAT APPLY):

- | | | |
|---|--|---|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Direct Mailer | <input type="checkbox"/> Billboards/Bus Benches |
| <input type="checkbox"/> LEAP Poster | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Heating Company | <input type="checkbox"/> Radio | <input type="checkbox"/> Television |
| <input type="checkbox"/> Received Application in Mail | <input type="checkbox"/> Food Stamp Office | <input type="checkbox"/> Social Services Office |

By signing below I understand the following:

1. If contacted by weatherization and I refuse 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; and
3. The Colorado Department of Human Services (CDHS) may use my Social Security Number to get wage data, amount of unearned income, 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 declare that the information given by me in this application is true and correct. I understand the penalty for providing false information shall be no more than a \$15,000 fine, or not more than 5 years imprisonment, or both.

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

ADDRESS

PHONE #

DATE

IMPORTANT NOTICE

Due to recent legislation, all applicants for LEAP must provide additional documents with each LEAP application.

A readable copy of one of the following valid identifications must be provided with each LEAP application:

1. A Colorado Driver License; or, a Colorado Identification Card; or,
2. A United States military card or, military dependant's card; or,
3. A United States Merchant Mariner card; or,
4. A Native American Tribal document.
5. Any other document authorized by rules adopted by the Department of Revenue (DOR).

AND,

The applicant for LEAP, must also **complete, sign and date the affidavit located on Page 5**. Please place an "X" next to the statement that is correct.

CHOOSE ONLY ONE.

Failure to submit these documents will result in a delay in processing your LEAP application. If the above requested information and verification is not received or complete, your LEAP application **may be denied**.



AFFIDAVIT

for the Colorado Department of Human Services and the Department of Health Care Policy and Financing as Proof of Lawful Presence in the United States

I, _____, swear or affirm under penalty of or perjury under the laws of the State of Colorado that (**check ONLY one**):

_____ I am a United States citizen, or

_____ I am a legal Permanent Resident of the United States, or

_____ I am lawfully present in the United States pursuant to federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

APPLICANT CHECKLIST

TO AVOID DELAYS IN PROCESSING YOUR APPLICATION SUBMIT ALL REQUIRED INFORMATION WITH YOUR APPLICATION.

- I have attached a readable copy of my valid picture ID.
- I have completed, signed and dated the affidavit on page 5.
- 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 most current alien registration card(s), front and back, or proof of current immigration status for all household members that are non US citizens.
- I have attached a COPY of my most recent heating (not lighting) bill showing company name, address, account numbers.
- I have attached a COPY of my most recent rent receipt, that already shows heat is included.

APPLICANT RESPONSIBILITIES READ THE FOLLOWING AND INITIAL EACH ONE

_____ I understand that the LEAP office may require proof of any information provided in this application or subsequently reported to the LEAP office.

_____ I am aware that failure to provide proof of lawful presence, income and heating costs will result in denial of LEAP benefits. I hereby authorize release of information concerning my LEAP application and benefits to my utility company and/or fuel dealer if necessary for a vendor payment, to prevent shutoff, or to obtain heating fuel consumption information, or for weatherization purposes.

_____ I understand that refusal to permit weatherization of my home may result in denial of LEAP benefits.

_____ I am aware that I have the right to a county hearing and/or state appeal and to the assistance of legal counsel in the event of a denial, reduction, or termination of my assistance, and in other matters for which such appeal rights exist.

_____ I understand that my LEAP benefit is not intended to pay for all my heating costs. I am responsible for paying any costs still owed to my heat provider or my landlord (as applicable).