



## PROGRAM APPLICATION

CARE is a program administered by Energy Outreach Colorado, an independent non-profit organization founded in 1989 to raise funds for energy assistance. In partnership with your utility provider and local energy resource center, Energy Outreach Colorado is working to offer free energy efficiency upgrades to customers who are at or below 80% of the area median income.

If you are interested in this program, please fill out this application and return it to Energy Outreach Colorado via the email, fax, or mailing address on the last page.

Through your participation in the program you **may** qualify for the installation of the following measures: LEDs, EnergyStar refrigerator, air sealing, increased attic insulation, increased wall insulation, crawlspace insulation, furnace replacement, storm windows, duct sealing, showerheads, etc.

We also encourage you to apply for the LEAP program which is open November 1 – April 30. You can call 1-866-HEAT-HELP for more information.

Questions? Email [care@energyoutreach.org](mailto:care@energyoutreach.org) or call 303-226-5061 and ask for the CARE program.

### 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 \_\_\_\_\_ Children \_\_\_\_\_ With Disability \_\_\_\_\_ Elderly \_\_\_\_\_

Gender Identity:  Female  Male  Non-Binary  Prefer Not To Say

Employed:  Yes  No

Race:  Asian  Black/African American  Caucasian  Hispanic/Latinx  American Indian/Alaska Native  
 Pacific Islander/Native Hawaiian  Other: \_\_\_\_\_

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

### ADDRESS INFORMATION

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

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

**Physical Address and Mailing Address are the same**

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

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

### HOUSEHOLD INFORMATION

Housing Type:  Apartment / Condo / Town Home  House  Mobile Home  
 Own  Rent\*

\* If household is a rental, the Landlord **MUST** sign Landlord Authorization page.

APPLICATION CONTINUES ON REVERSE

OFFICE USE ONLY Approved:  Yes  No Household Income: \_\_\_\_\_ Qualifying Income: \_\_\_\_\_

## 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

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

### HOUSEHOLD ASSISTANCE

You will **AUTOMATICALLY** qualify for the CARE program if you receive any of these benefits:

- |   |   |
|---|---|
| <input type="checkbox"/> Aid to the Blind (AB)                            | <input type="checkbox"/> Section 8 Housing                      |
| <input type="checkbox"/> Aid to the Needy Disabled (AND)                  | <input type="checkbox"/> Women, Infants, and Children (WIC)     |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Temporary Aid to Needy Families (TANF) |
| <input type="checkbox"/> Old Age Pension (OAP)                            | <input type="checkbox"/> LEAP (Utility Bill Assistance)         |

### REQUIRED INCOME VERIFICATION DOCUMENTATION

Applicant **MUST** submit one of the paperwork options below with the completed application.

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

\* Please remove Social Security Number from documents

## APPLICANT AUTHORIZATION

I certify that the information given on this application and in any other supporting documentation is accurate and true. I release my utility provider and Energy Outreach Colorado of any and all liability for supplying or requesting such information. I release EOC to provide information for additional services. 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.



### Mail

Energy Outreach Colorado  
Attn: CARE Program  
225 E. 16th Avenue, Suite 200  
Denver, Colorado 80203

### Fax

(303) 825-0765

### Email

care@energyoutreach.org

### Questions

(303) 226-5061

### 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.