



COLORADO

**Department of
Regulatory Agencies**

Public Utilities Commission

Utility Bill Help Application

Thank you for your interest in applying to the Utility Bill Help (UBH) referral program with the Colorado PUC. **This program cannot stop disconnection and is NOT an emergency service.** If you are in threat of disconnection, call your utility to set up a payment arrangement.

The Utility Bill Help program is a referral program only. The UBH application determines if you are income eligible for energy assistance and if you are a customer of a regulated utility. If you meet the UBH referral requirements, your information will be sent to your utility company. Your utility company will make the final decision about eligibility and enrollment in their energy assistance program.

You will be notified by your utility of your enrollment status into an energy affordability program within **60 days of your application.**

You must meet **both** of the following requirements for referral:

1. You are a customer of Atmos Energy, Black Hills Energy, Colorado Natural Gas (CNG), or Xcel Energy.
2. Have an income at or below 80% State Median Income (SMI).

Directions: Please fill out all questions on the application. You will need the following documents for the program to process the application.

- A fully completed application
- A copy of your utility bill

Mail your application and all documentation to:

**The Colorado Public Utilities Commission
Attention: Utility Bill Help Program
1560 Broadway, Suite 250
Denver, CO 80202**

or

email your application to dora_utility_bill_help@state.co.us



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Address and Contact Information

First name _____ Middle Initial _____

Last name _____

Email address _____

Phone number _____

Street Address

Address _____

City _____

Zip code _____

County you live in (for example, Denver, Arapahoe, Jefferson, Pueblo, etc.)

Mailing Address (if different than street address)

Address _____

City _____

Zip code _____



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Proof of Income

1. Do you receive from government programs? Check **all** that apply.

- ☐ Aid to the Needy Disabled (AND)
- ☐ Child Health Plan Plus (CHP+)
- ☐ Medicaid
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Supplemental Security Income (SSI)
- ☐ Temporary Assistance to Needy Families (TANF)
- ☐ Woman, Infants and Children (WIC)
- ☐ Housing Choice Vouchers (Previously Section 8 housing)
- ☐ Other: _____
- ☐ None

2. Please select **one** household size that applies to you (include children).

- ☐ 1 person
- ☐ 2 people
- ☐ 3 people
- ☐ 4 people
- ☐ 5 people
- ☐ 6 people
- ☐ 7 people
- ☐ 8 people
- ☐ Other: _____

3. What is your gross, monthly household income? (Note: Gross income is earnings before taxes reported in \$.) _____



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Utility Information

4. What is the primary heating fuel in your home?

- ☐ Gas
- ☐ Electric
- ☐ Propane
- ☐ Wood-burning or pellet stove

5. What is the full name on your utility bill? This is the name of the person responsible for paying the bill, NOT the utility name. _____

6. What is the account number for your gas utility bill? (Please attach a copy of your utility bill to this application.) _____

7. What utility provides your gas service?

- ☐ Atmos Energy
- ☐ Black Hills Energy
- ☐ Colorado Natural Gas (CNG)
- ☐ Xcel Energy
- ☐ Other: _____

8. Which utility provides your electric service?

- ☐ Xcel Energy
- ☐ Black Hills Energy
- ☐ Atmos Energy
- ☐ Colorado Natural Gas (CNG)
- ☐ Other: _____

9. If you have a different electric utility provider from your gas provider, please provide that account number. (Please attach a copy of your utility bill to this application.)



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10. Do you or one of your household members require a medical device to sustain life or for mobility purposes?

☐ Yes

☐ No

11. Do you receive solar credits on your bill?

☐ Yes

☐ No

Communication Information and Consent

12. Housing Status

☐ Rent

☐ Own

☐ Other: _____

13. Are you behind on your utility bill?

☐ No, but I expect I will need help this year

☐ Yes, one month behind

☐ Yes, more than one month behind

☐ Yes, behind from last year

☐ Yes, and I have received a disconnection notice

14. Have you requested energy bill help from any other organization besides LEAP?

☐ No

☐ Yes, I applied with LEAP

☐ Yes, I applied with my utility company

☐ Yes, I applied with Energy Outreach Colorado

☐ Yes, I applied with Catholic Charities

☐ Yes, I applied with a local non-profit



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15. What language do you prefer to receive information in?

- ☐ English
- ☐ Spanish
- ☐ Other: _____

16. How would you prefer to receive future information about energy assistance and utility bill assistance?

- ☐ In person (walk in to get services)
- ☐ Email
- ☐ Phone
- ☐ Mail

17. How did you hear about this program?

- ☐ An email from the PUC
- ☐ An email, letter, or call from my utility
- ☐ A denial letter from LEAP
- ☐ My county human services team
- ☐ Google/Internet
- ☐ My Friend Ben
- ☐ Colorado Energy Savings Navigator
- ☐ Other: _____



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If you are eligible for your utility's affordability program, the PUC needs your consent to share the information you provided on this form directly with your utility provider. If you do not indicate your consent below to the PUC sharing your information with your utility, the PUC will not be able to refer you to your utility's affordability program. Your consent also authorizes the PUC to share your information with other non-profit and state programs. You may opt out of having your information shared with other non-profit and state programs on the second consent line.

Please select below your choice for consent:

- ☐ I consent to data share with my utility and with other partners.
- ☐ I consent to data share with my utility but NOT with other partners.

Please read this section carefully.

By signing my legal name below, I am giving the Colorado PUC consent to share my information provided on this form with my utility provider to help me enroll in an affordability program if I qualify. I confirm that the information provided on this form is true, complete, and accurate to the best of my knowledge and belief. I acknowledge that providing false, inaccurate, or incomplete information may result in termination of participation in the program and possible criminal liability.

Your signature for consent

Date