



SAVE MONEY ON YOUR UTILITY BILLS!

Thank you for your interest in **free** weatherization services from Longs Peak Energy Conservation. If you and your home qualify, you will get a **free** energy audit, furnace check, and carbon monoxide testing. You **may** then receive attic and/or wall insulation, furnace repairs or replacement, and/or refrigerator replacement. Each home may only receive this level of service **once**. We are able to weatherize single-family homes, mobile homes, and multi-family units up to a four-plex that are either owner-occupied homes or rental properties.

You can income qualify for these services by one of the following ways:

1. Receiving benefits from: **LEAP, TANF, OAP, AND, or SSI (Supplemental Security Income), SNAP, SSDI**

2. **LOW INCOME**

Send a copy of all household members' last paycheck stubs showing your year-to-date gross income, for at least 3 months. Qualifying income limits are:

Household Size	2015 Total Gross Household Income
1	\$23,540
2	\$31,860
3	\$40,180
4	\$48,500
	(add \$8320 for each additional member)
	*Income levels change annually

To request proof of benefits letter from Social Security to use as proof of your gross income, call:

In Boulder County: (800) 772-1213
In Larimer County: 1-866-336-7385

If you are self-employed or have no income please call us for the necessary forms.

**To Apply for Weatherization Services,
Please Provide the Following Required Documentation:**

- Completed Weatherization Application
- Legal Residency Affidavit
- Copy of a Valid Photo ID
- Homeowner or Landlord Permission Form
- Consent to Disclose Utility Customer Data Form
- Copy of recent Xcel Energy Bill, if applicable

- Approval Letter for LEAP, TANF, SSI, Snap etc.
Or
- Proof of Income for All Household Members

Longs Peak Energy
Conservation
PO Box 471
Boulder, CO 80306

Phone:
(720) 864-6401
or (800) 200-9006
Fax: (720) 864-6419

www.longspeakeenergy.org



¡AHORRE DINERO EN SUS PAGOS DE UTILIDADES!

Si usted y su casa califican para el programa de climitización, pueden recibir una auditoria de sus aparatos domesticos en su casa como el sistema de calefacción, sistema de insulación, y realizar pruebas para detectar el gas monóxido de carbono y otros escapes de gas. Es **posible** que puede recibir nueva insulación, y/o systema de califación. Puede vivir en una casa, hogar rodante o condominio. No importa si usted renta o es dueño de su hogar. Este servicio es **GRATIS** para personas que califican.

ELIJA UNA DE LAS FORMAS PARA TENER DERECHO A ESTE SERVICIO:

1. **Recibe usted LEAP, TANF, SSI (Supplemental Security Income), OAP, o AND, SNAP, SSDI**

2. **Bajos Ingresos**

Si usted trabajó los doce meses pasados, envíenos una copia del talón del último cheque de todos los que trabajan.

Número de persona:
en su casa

2015 Ingreso

1	\$23,540
2	\$31,860
3	\$40,180
4	\$48,500

(añada \$8320 por cada miembro adicional)

*Limites de ingreso cambian anualmente

Si su único ingreso proviene del Seguro Social o SSDI, llame a la oficina del Seguro Social en Boulder (800) 772-1213. En Larimer, llame a 1-866-336-7385. Para conseguir pruebas de su ingreso mensual.

Para Aplicar para el Programa de Climitización,
Por favor entregue estos Documentos Necesarios:

- Aplicación completa de Climitización
- Forma de Residencia Legal
- Fotocopia de ID valido con foto
- Forma del permiso para Dueño del Hogar
- Forma de permiso de recibir información de XCEL
- Copia de Factura de XCEL Energy

- Comprobante de LEAP, TANF, SSI, SNAP etc.

O

Comprobante de Ingreso de todos en la casa

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Conservation
PO Box 471
Boulder, CO 80306

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(720) 864-6401
or (800) 200-9006
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Weatherization Application

Legal Residency Affidavit

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

___ I am a United States citizen, or

___ I am a 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.

Applicant Signature _____ **Date** _____

Applicant must send a copy of current picture identification with application. Acceptable forms of identification include:

- A valid Colorado driver's license or a valid Colorado identification card
- A valid United States military card/Common Access Card
- A valid United States passport



Weatherization Application

Description of Home

Do you own or rent your home? Own Rent*
**If you rent your home, your landlord must complete the permission form on page 4.*

Type of home:
 House (select one type): Ranch style (one level) Bi-Level Tri-level House divided into 2 units Duplex
 Manufactured Home (select one type): Singlewide Doublewide
 Other (select one type): Townhouse Apartment Condo Multiplex Cabin Modular

Home features: Finished basement Unfinished basement Crawlspace Pitched roof Flat roof
 Has an Addition In a Manufactured Home Park

What year was the home built? _____ How long have you lived in the home? _____

Heating System: (check all that apply)
 Type: Forced Air Boiler Electric Baseboard Fireplace/Stove
 Wall Furnace Space Heater Floor/Gravity No furnace Other: _____

Fuel: Natural Gas Propane Electricity Wood Other: _____

Location: Basement Attic Crawlspace Wall Floor Other: _____

Cooling System: (check all that apply) Central Air Window A/C Swamp Cooler None

Exterior: (check all that apply) Brick Wood Stucco Vinyl Aluminum Other: _____

Appliances: Hot Water Heater Type: Natural Gas Propane Electric Solar
 Cooking Appliance Type: Natural Gas Propane Electric Combination

Additional Home Details:

- Is the home for sale or likely to be put up for sale in the near future? Yes No
- Are you currently remodeling or doing construction on any part of your home? Yes No
 If yes, please list: _____
- Is anyone in the household on oxygen? Yes No
- Does anyone in the household have allergies or hyper-sensitivities to dust, fiberglass, cellulose, mold, latex, or common building materials? Yes No
 If yes, please list: _____

Home Access Authorization

Access to your home: Do you agree to and understand that Colorado weatherization technicians and contractors must be given access to **all rooms** in your home during business hours and on a reasonable schedule for any work to proceed? Please note that a State Quality Assurance Inspector may also return within one year of work completion to inspect the work, including all safety and diagnostic testing. I agree

Permission to photograph home: Do you agree to allow Colorado weatherization technicians and contractors and its designees to photograph the unit for pre and post-work documentation? I agree

Before weatherization work can begin, the home must meet a **minimum standard of housekeeping**. Do you agree to and understand that work areas (specifically areas around heating systems, attic and crawlspace accesses and exterior doors and windows) are to be free of debris, clutter, and pets and be reasonably hygienic where work is to be completed?
 I agree All of the members of my household have a disability that prevents agreement.*
**Reasonable accommodations may be made for households with disabilities.*

Applicant Signature _____ **Date** _____



Weatherization Application

To the LANDLORD or PROPERTY MANAGER:

Unit Address	Applicant Name
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Your tenant is applying for weatherization services provided by the Colorado Energy Office Weatherization Assistance Program (CEO Wx). If the application is approved, they will be eligible to receive free energy efficiency services that will help them save money on their energy bills and make their unit more comfortable and safe. Weatherization services includes an energy audit and safety diagnostics of the home. The energy audit will determine what energy savings measure can be provided to the tenant at no charge. These free measures may include additional attic insulation, wall insulation, crawlspace/floor insulation, air sealing, storm windows, ventilation, and furnace or hot water heater repairs. **If the energy audit reveals the need for heating system replacement or identifies a highly inefficient refrigerator, the program will seek matching funds from you, the landlord.** Because this program is federally-funded and focused on serving low-income households, the typical cost to the landlord for replacement of heating systems or refrigerators is significantly less than 50% of market rate. In these cases you will be presented with all options before moving forward.

Additionally, in order to provide the maximum improvement in comfort, energy savings, and safety, the CEO Wx assesses all areas of the home that could be improved. In some cases, making these improvements to the home can be moderately invasive. For instance, if the walls of the home lack adequate insulation, the weatherization crew may be able to retrofit the walls with insulation, which would require drilling holes through the interior or exterior wall surface. Once insulation is installed, the holes are plugged and patched with spackle or drywall compound as close to the original texture as possible. In some cases the patch may remain somewhat visible. While every effort will be made to blend the patches, extensive drywall repair, wallpapering, or custom texturing cannot be provided. Examples of other measures that may be moderately invasive include ceiling insulation, furnace replacement, and air sealing. Similar to wall insulation, these measures may involve cutting into interior or exterior wall surfaces and may leave behind visual evidence of such.

The goal of the CEO Wx is to provide maximum improvements to comfort, energy savings, and safety. All measures that are deemed cost-effective for your home are strongly encouraged, however, you do have the right to decline certain measures for aesthetic or other reasons. Please be aware that due to the design of the program and federal requirements, if you decline some measures, other measures may no longer be available to you.

If you have concerns about how these measures might impact your property, please indicate below and we will contact you to discuss further.

- I give my consent and I have no concerns about the CEO Wx serving my property.
- I have concerns about heating system or refrigerator repair or replacement.
- I give my consent, but have concerns about: _____
- I do not give my consent for the CEO Wx to serve my property.

The refrigerator in the property is owned by the: Tenant Landlord

I have read and understand the terms and conditions presented herein, and except for the conditions above, grant permission to perform such weatherization measures as may be suited to this property under the CEO Wx standards. I also certify that the home to be weatherized is not presently for sale, nor is it designated for acquisition or clearance (foreclosure) by a federal, state, or local program. I hereby release and pledge to defend and indemnify CEO Wx, its employees, agents, and independent contractors involved from any liability or loss in connection with the performance of weatherization assistance or any act or eventuality arising from this work.

Landlord Name and Landlord Mailing Address

Landlord Primary Phone #	Landlord Other Phone #	Landlord Email Address
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Landlord Signature and Date



Weatherization Application

To the HOMEOWNER / TENANT:

In order to provide the maximum improvement in comfort, energy savings, and safety, the Colorado Energy Office Weatherization Program (CEO Wx) assesses all areas of your home that could be improved. In some cases, making these improvements to your home can be moderately invasive. For instance, if the walls of your home lack adequate insulation, the weatherization crew may be able to retrofit the walls with insulation, which would require drilling holes through the interior or exterior wall surface. Once insulation is installed, the holes are plugged and patched with spackle or drywall compound as close to the original texture as possible. In some cases the patch may remain somewhat visible. While every effort will be made to blend the patches, extensive drywall repair, wallpapering, or custom texturing cannot be provided.

Other comfort, energy-saving, and safety measures that may be moderately invasive include ceiling insulation, furnace replacement, and air sealing. Similar to wall insulation, these measures may involve cutting into interior or exterior wall surfaces and may leave behind visual evidence of such.

The goal of the CEO Wx is to provide maximum improvements to comfort, energy savings, and safety. All measures that are deemed cost-effective for your home are strongly encouraged, however, you do have the right to decline certain measures for aesthetic or other reasons. Please be aware that due to the design of the program and federal requirements, if you decline some measures, other measures may no longer be available to you.

If you have concerns about how these measures might impact your home, please indicate below and discuss these concerns with the energy auditor:

- I have no concerns about the Weatherization Program serving my home.
- I have concerns about wall insulation.
- I have concerns about ceiling or attic insulation.
- I have concerns about: _____

I have read and understand the terms and conditions presented herein, and except for the conditions above, grant permission to perform such weatherization measures as may be suited to this property under the CEO Wx standards. I also certify that the home to be weatherized is not presently for sale, nor is it designated for acquisition or clearance (foreclosure) by a federal, state, or local program. I hereby release and pledge to defend and indemnify CEO Wx, its employees, agents, and independent contractors involved from any liability or loss in connection with the performance of weatherization assistance or any act or eventuality arising from this work.

Applicant Signature _____ **Date** _____



Weatherization Application

Please Read This Section Carefully:

My signature below authorizes Colorado weatherization staff and crew to enter my home as needed to perform weatherization work. My signature verifies this residence is not currently for sale, nor is it designated for acquisition or clearance (foreclosure) by federal, state or local programs. Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work. I understand the warranty is one year of workmanship with materials being covered by manufacturers' warranties only. My signature below authorizes the Colorado Energy Office Weatherization Program (CEO Wx) and its designees to inspect heating, fuel usage and utility billing records for up to five years before and after completion of weatherization work and authorize pertinent utility and fuel companies to make such records available to them solely for obtaining data for evaluation of subsequent energy conservation effectiveness.

I agree, on behalf and for all who stand in my stead, that the CEO, its subgrantees and weatherization crews will not be held liable for any injury or expense incurred by me while participating in this program. I attest to the best of my knowledge that the information on this form is correct and complete. This service is free of charge but if my home is served due to incomplete or incorrect information that would otherwise make my household ineligible, I accept responsibility for paying for services received. I authorize the release of income and benefits information to the CEO Wx to document my eligibility. Pursuant to 5 U.S.C. 552(b)(6), of the Freedom of Information Act, the CEO Wx is required to keep confidential any specifically identifying information related to an individual's eligibility application for weatherization services, or the individual's participation in weatherization services, such as name, address, or income information. The State of Colorado in conjunction with the CEO may, however, release information about recipients in the aggregate in a manner which does not identify specific individuals.

Appeal Process: Once you have completed the application for services, you have the right for your application to be processed within 30 days. If your application is not processed within 30 days or if you are denied services, you may appeal the decision using the following appeals procedure: You may appeal to the Program Manager or Executive Director of the local weatherization agency. The Program Manager or Executive Director will issue a decision in a written letter within 15 days receipt of the notice of appeal. If the Program Manager or Executive Director denies services and you still are in disagreement, you have 15 days after receiving the written notification by the Program Manager or Executive Director to appeal to the Colorado Energy Office Weatherization Program (CEO Wx). Appeals to the CEO Wx should be in writing and addressed to: Colorado Energy Office Weatherization Program, 1580 Logan Street, Suite 100, Denver, CO 80203. The CEO Wx will have 15 days to respond in writing to all appeals and the decision will be considered final. My signature below indicates that I have read, understood and agree to the conditions of this application.

Applicant Signature _____ **Date** _____

How did you hear about the weatherization program? (check all that apply)

<input type="checkbox"/> LEAP	<input type="checkbox"/> Utility Company	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Social Services Office	<input type="checkbox"/> Brochure	<input type="checkbox"/> Television
<input type="checkbox"/> Heat Help Line	<input type="checkbox"/> Friend/ Family Member	<input type="checkbox"/> Radio
<input type="checkbox"/> 2-1-1	<input type="checkbox"/> Bus ad/Billboard	<input type="checkbox"/> Other:

[Do Not Write Below - For Office Use Only]

I certify that this client is eligible under the appropriate funding guidelines.

Unit WAS weatherized in _____ Unit has NOT been previously Weatherized

_____ Authorized CO Wx Agent _____ Date Approved _____ Income Verification _____ POV Level% _____ HHN or Qualifying Program

_____ Date Eligibility Expires _____ Job # _____



CONSENT TO DISCLOSE UTILITY CUSTOMER DATA

CO

All requested information must be provided for the consent to be valid. This form may be available in other languages. To obtain a copy in another language, please contact inquire@xcelenergy.com. Para obtener una copia de este formulario en español, por favor contacte a su proveedor de servicios públicos.

Utility Name and Contact: Xcel Energy Correspondence Department

Physical and Mailing Address: P.O. Box 8, Eau Claire, WI, 54702

Phone: 1-800-895-4999 Email: datarequest@xcelenergy.com Fax: 1-866-208-8732

For additional information, including the utility's privacy policy, visit xcelenergy.com.

By signing this form, you allow your utility to give the following information to:

Organization/Trade Name: Longs Peak Energy Conservation

Contact Name (if available): _____

Physical and Mailing Address: 1288 Alaska Avenue, Longmont, CO 80501

Phone: 720-864-6401 Email: chatch@bouldercounty.org Fax: _____

This organization will receive the following customer data:

Information from your meter collected by your utility services provider from the following services (check all services that apply):

electric steam natural gas

Information regarding your participation in renewable energy, demand-side management, load management, energy efficiency or other utility programs

Other (specify) _____

This information will be used to:

Provide you with products or services you requested Offer you products or services that may be of interest to you

Determine your eligibility for an energy program Analyze your energy usage

Other (specify) _____

DATA COLLECTION PERIOD

The relevant timeframe associated with the requested data is from 01 / 01 / 2010 and will:

end on ____ / ____ / ____

be effective until terminated by you.

You may terminate this consent at any time by sending a written request with your name and service address to your utility.

PLEASE READ THE CUSTOMER DISCLOSURES ON PAGE 2 OF THIS FORM

By signing this form you acknowledge and agree that you are the customer of record for this account and that you authorize your utility service provider to disclose your customer data as specified in this form.

CUSTOMER ACCOUNT NUMBER

Street Address, City, State, Zip Code

SERVICE ADDRESS

PRINTED NAME

SIGNATURE OF CUSTOMER OF RECORD

DATE SIGNED

To be completed by the Data Recipient

To be completed by the Customer

CUSTOMER DISCLOSURES

Customer data can provide insight into activities within the premises receiving utility service. Your utility 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.

You are not required to authorize the disclosure of your customer data. Not authorizing disclosure will not affect your utility services.

You may access your standard customer data from your utility without any additional charge.

Your utility 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 data recipient maintains the confidentiality of the data or uses the data as authorized by you.

In addition to the customer data described above, the data recipient may also receive the following from your utility: your name; account number; service number; meter number; utility type; service address; premise number; premise description; meter read date(s); number of days in the billing period; utility invoice date; base rate bill amount; other charges including base rate and non-base rate adjustments; taxes; and invoice total amount. Your utility will not provide your Social Security Number or any financial account number to the data recipient.



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