

Programa de Préstamos de Eficiencia Energética – FASE 9 (2018)

PROGRAMA DE ASISTENCIA PARA FAMILIAS DE BAJOS INGRESOS

APLICACION PARA PROPIETARIOS

El solicitante debe ser el propietario

Complete esta aplicación (página delantera y trasera, sin dejar espacios en blancos) y devuélvala a NeighborWorks junto con 3 documentos:

- 1. Su factura más reciente de Black Hills Energy a nombre del solicitante
- 2. Si está aplicando para un termostato o una cobija para un calentador de agua, su factura más reciente de Xcel Energy a nombre del solicitante
- 3. Prueba de todo el ingreso familiar por 1 mes, -O- Prueba de LEAP, -O- prueba de Housing Assistance
- 4. Licencia de Conducir o Identificación emitida por el gobierno

**** SIN LA APLICACION COMPLETA Y TODOS LOS DOCUMENTOS REQUERIDOS, NWSoco NO PROCESARA SU APLICACION ****
¡La participación está limitada a una aplicación por hogar!

INFORMACION DE CONTACTO

Fecha de hoy: ____/____/____ ¿Cómo se enteró de este programa?: _____
_____ () ()

Apellido (en letra de molde) Nombre (en letra de molde), Inicial Teléfono Celular-Teléfono Alternativo

Dirección (en letra de molde) Ciudad Estado Colorado Código Postal

Correo Electrónico: _____

OCUPANTES DEL HOGAR (Incluyendo el solicitante)

Nombre/Edad _____ Nombre/Edad _____

Nombre/Edad _____ Nombre/Edad _____

Nombre/Edad _____ Nombre/Edad _____

INFORMACION DE CALIFICACION

Nota: Debe ser un cliente actual de BHE y/o Xcel Energy, para calificar.

Número de Cuenta de Black Hills Energy:

Si está solicitando un termostato o una cobija para un calentador de agua, su número de Cuenta de Xcel Energy:

- -

¿Está usted actualmente aprobado para LEAP? _____ Si es así, debe adjuntar su documentación de beneficios de LEAP. (No necesita presentar documentación sobre su ingreso si adjunta su documentación de LEAP o Prueba de Housing Assistance)

Casa adosada/Apartamento Casa Móvil (Si es una casa móvil, debe presentar una Copia del Título) Casa

¿Vive una persona mayor (de 55 años o más) en esta casa? Sí _____ o No _____

SERVICE ITEMS REQUESTED INFORMATION

Please mark all that you request:

- LED Light Bulbs Evaporative Cooler Refrigerator Water Heater Blanket Thermostat
 Windows

You will be notified by phone when application is approved or declined, at that point the vendor will schedule the delivery and install of your Light Bulbs, and/or Evaporative Coolers, and/or Refrigerator.

For LED Light Bulbs:

___ You agree to relinquish the old light bulbs to the installer

For Evaporative Coolers:

___ *See page 4:* What are the dimensions of your window opening? _____ inches X _____ inches

___ Do you have a water hose bib/spigot within 50 feet of window location? Yes ___ or No ___?

___ Do you have a 110 electrical outlet within 10 feet of the window? Yes ___ or No ___?

For Refrigerators:

___ Customer and Landlord must agree to relinquish old (10 years or older) inefficient refrigerator

___ *See page 6:* Applicant must fill out the attached INSPECTION FORM TO INSTALL REFRIGERATOR

For Water Heater Blankets:

See Page 5:

___ What type of hot water heater do you have? Gas _____ Electric _____

___ How many Gallons? _____

___ What is Manufacture date of your hot water heater _____

___ What is the warranty period? _____ years

For Thermostats:

___ What type of thermostat is currently installed? ___ Mechanical ___ Programmable ___ Other

___ The installer may need to turn off the power to install the thermostat. The installer will be more than happy to show you how to program it.

For Storm Windows:

___ You will be notified by phone when application is approved or declined, at that point the vendor will schedule the delivery and install of your windows.

HOUSEHOLD INCOME INFORMATION

All Pages of Documentation of Each Source of Income must be attached to this application

SOURCE	APPLICANT	SPOUSE	OTHER 18 +	TOTAL
Monthly Income from Work				
Employer's Name Address Phone				
Monthly Social Security				
Monthly Pension, Retirement				
Monthly Unemployment Benefits				
Workers Compensation				
Alimony/Child Support				
Monthly TANF				
Other Income				
			TOTAL MONTHLY INCOME	\$
			TOTAL YEARLY INCOME	\$

Maximum Household Income to Qualify for this Program

1 Person	2 People	3 People	4 People	5 People
\$35,750	\$40,850	\$45,950	\$51,050	\$55,150

**Based on 80% Annual Household Income for Pueblo County.*

By signing this Application, I certify that the above information is true and correct to the best of my ability.

Applicant Signature

Phone Number

Date Signed

WINDOW QUALIFICATIONS

FOR EVAPORATIVE COOLERS PROVIDED BY:
NEIGHBORWORKS SOUTHERN COLORADO

THE FOLLOWING WINDOWS DO QUALIFY:



- At least 22" (inches) high x 22" (inches) wide

• Double or Single Hung-Sliding

- Horizontal Sliding

- Must be on ground floor 6' (feet) maximum from ground to bottom of window and be accessible for installation

- Must have a water faucet within 50 ft.

- Must have a 110 electrical outlet within 10 ft.



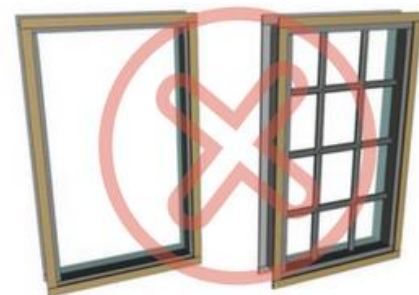
NOT SUITABLE FOR INSTALLATION:

The following three types of windows **DO NOT** qualify for installation:

AWNING



FIXED



CASEMENT



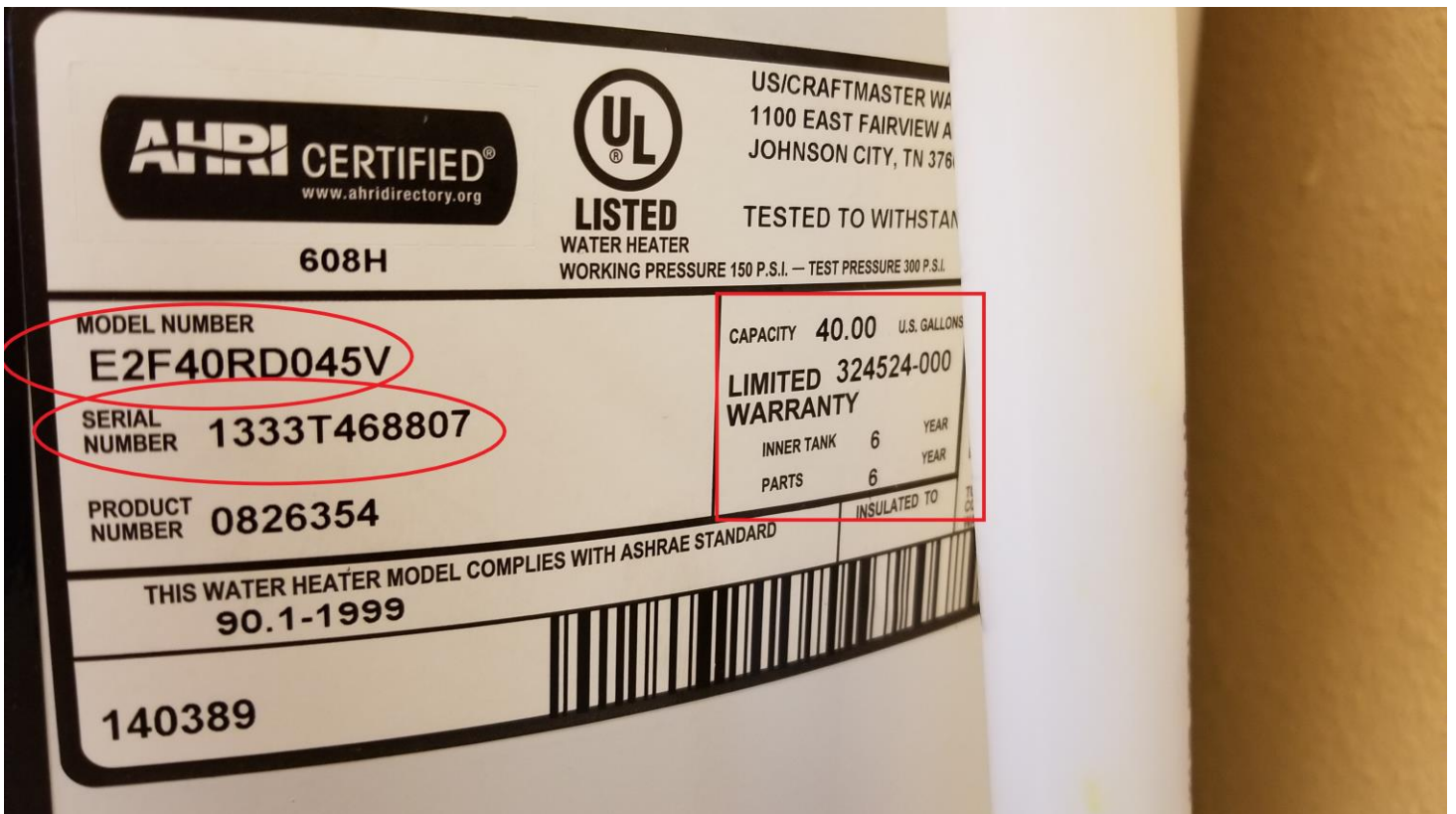
INSPECTION FORM TO INSTALL WATER HEATER BLANKET

Using the picture below as a reference, please tell us the following information:

Manufacturer:	
Capacity:	
Model Number:	
Serial Number:	
Date of Manufacture:	
Inner Tank warranty years:	
Parts warranty years:	

Note: There is a possibility that installing a blanket on your water heater may void its warranty. Please make sure your water heater is not in warranty before you ask for one to be installed.

With this information, it does appear that the water heater meets the guidelines: YES _____ NO _____



INSPECTION FORM TO INSTALL REFRIGERATOR



APPLICANT CONTACT INFORMATION

DATE: _____

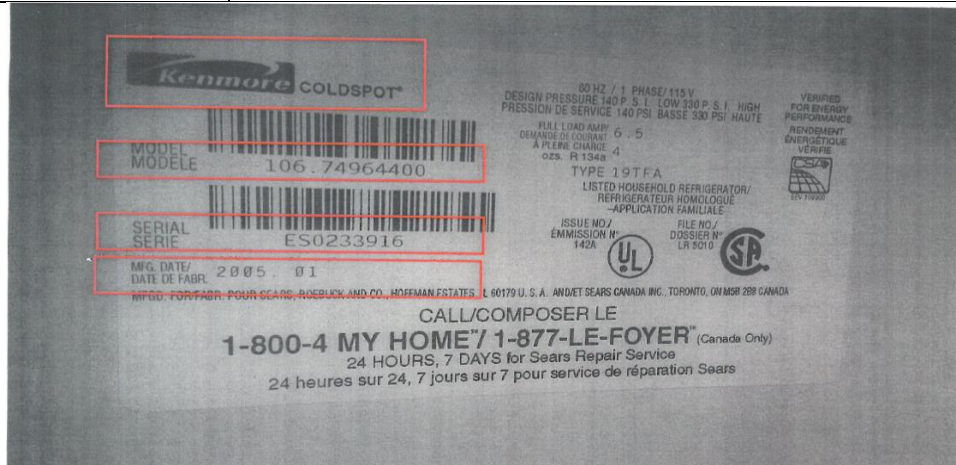
_____ () ()
 Last Name (please print) First Name (please print), MI Cell Phone Alternate Phone

_____ Colorado
 Street Address (please print) City State Zip

INFORMATION ON EXISTING REFRIGERATOR UNIT

(Applicant provides this information)

Is there an existing unit?	Yes _____ or No _____
Is this the primary unit?	Yes _____ or No _____
Is this unit working?	Yes _____ or No _____
Manufacturer Name:	_____
Model #:	_____
Serial #:	_____
Manufacture Date	_____



(NeighborWorks provides this information)

With this information, it does appear that the refrigerator meets the guidelines: YES _____ NO _____

(Attach this form to the forms sent to Lowes for Lowes to complete during installation)

OWN/RENT SITE BLT/MODULAR SENIOR/NOT SENIOR

LOWES' REVIEW OF REFRIGERATOR PICKED UP

(Lowes provides this information)

Is the Refrigerator that Lowes picked up the same as the information above? _____

Is the Refrigerator in the home the Primary unit? _____

If answers are YES, Ok to Deliver

If answers are NO, **DO NOT DELIVER**