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## Black Hills Energy Electric Application for Assistance

### HOW TO APPLY FOR ASSISTANCE

- Please pick up an application at Posada Office, 501 Belmont Ave, Pueblo, CO 81004. When application is completed you will have a scheduled appointment, it may be via phone, video conference or in person.

### PAPERWORK YOU WILL NEED

- **Completed Application** – Completed application must be received prior to your meeting.
- **Photo I.D.**- Driver's License or other government issued identification.
- **Proof of late Utility Bill** – Must have at least a \$100 balance.

### ELIGIBILITY REQUIREMENTS:

- Black Hills Energy Electric Customer. Funds are capped at \$500 per household and the account must have an existing balance of at least \$100.
- Impacted by COVID-19
- Household income cannot exceed 80% area median income (table below outlines max household income)

Household Size	1	2	3	4	5	6	7	8
80% Limits	\$39,800	\$45,450	\$51,150	\$56,800	\$61,350	\$65,900	\$70,450	\$75,000

Applications are to be submitted in the drop box at Posada's Office at 501 Belmont Ave, Pueblo, CO 81004.

For any questions or concerns regarding this application and required documents, please contact 719-545-8776 or email [posada@posadapueblo.org](mailto:posada@posadapueblo.org).

**PART I: ELIGIBILITY**

Funds are limited to income eligible families who were impacted by COVID-19.

Check All that Apply:

- Permanent loss of Job directly related to COVID-19
- Temporary loss of employment directly related to COVID-19
- Loss of Wages due to diagnosis of COVID-19
- Decrease in income or unable to work as indirect result of COVID-19 (please explain)\_\_\_\_\_

**Monthly Household Income Information**

	Applicant	Co-Applicant	Child/Other
Employment	\$	\$	\$
TANF	\$	\$	\$
SNAP/Food Stamps	\$	\$	\$
SSI	\$	\$	\$
SSDI	\$	\$	\$
VA Service -Connected Disability	\$	\$	\$
VA Non Service -Connected Disability	\$	\$	\$
Private Disability Insurance	\$	\$	\$
Pension	\$	\$	\$
Social Security	\$	\$	\$
Unemployment	\$	\$	\$
Workers Comp	\$	\$	\$
Alimony/Spousal Support	\$	\$	\$
Child Support	\$	\$	\$
Tribal	\$	\$	\$
Self-Employed	\$	\$	\$
Other	\$	\$	\$

**Total gross monthly income \$ \_\_\_\_\_**

**Total net monthly income \$ \_\_\_\_\_**

**Monthly Non-Cash Benefits**

SNAP			
WIC			
LIHEAP			
Housing Choice Voucher			
Public Housing			
Permanent Supportive Housing			
HUD_VASH			
Childcare Voucher			
Affordable Care Act Subsidy			
Other			

**PART II: HOUSEHOLD INFORMATION**

Applicant Name \_\_\_\_\_ Application Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Message Number \_\_\_\_\_ E-Mail \_\_\_\_\_

<b>Applicant Full Name</b> _____ <b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	<b>DOB</b> _____ <b>Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	<b>SSN</b> _____ <b>Ethnicity</b> <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Decline to Answer
<b>Race</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Decline to Answer	<b>Disabling Condition</b> <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	<b>Health Insurance</b> <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer

<b>Co-Applicant Full Name</b> _____ <b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	<b>DOB</b> _____ <b>Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	<b>SSN</b> _____ <b>Ethnicity</b> <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Decline to Answer
<b>Race</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Decline to Answer	<b>Disabling Condition</b> <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	<b>Health Insurance</b> <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer

<b>Dependent #1</b> Name _____ DOB _____ Gender _____ SSN _____	<b>Dependent #2</b> Name _____ DOB _____ Gender _____ SSN _____	<b>Dependent #3</b> Name _____ DOB _____ Gender _____ SSN _____
<b>Dependent #4</b> Name _____ DOB _____ Gender _____ SSN _____	<b>Dependent #5</b> Name _____ DOB _____ Gender _____ SSN _____	<b>Dependent #6</b> Name _____ DOB _____ Gender _____ SSN _____

Address of where household stayed last night: ( Check here if same as address at top of page)

How long has the household been staying here:

**Part III: APPLICANT CERTIFICATION**

I, \_\_\_\_\_, certify that all the information above is true and accurate to the best of my knowledge. I understand that by signing below, if I have knowingly provided false information I will be responsible for reimbursing Posada for all funds I received as support through the assistance program.

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date

