



phone: 719.545.8776

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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.

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	\$	\$	\$
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 _____

Applicant Full Name <hr/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	DOB <hr/> Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	SSN <hr/> Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Decline to Answer
Race <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	Disabling Condition <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	Health Insurance <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer

Co-Applicant Full Name <hr/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	DOB <hr/> Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	SSN <hr/> Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Decline to Answer
Race <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	Disabling Condition <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	Health Insurance <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer

Dependent #1 Name _____ DOB _____ Gender _____ SSN _____	Dependent #2 Name _____ DOB _____ Gender _____ SSN _____	Dependent #3 Name _____ DOB _____ Gender _____ SSN _____
Dependent #4 Name _____ DOB _____ Gender _____ SSN _____	Dependent #5 Name _____ DOB _____ Gender _____ SSN _____	Dependent #6 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



CONSENT TO DISCLOSE UTILITY CUSTOMER DATA

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

To be completed by the Data Recipient

Utility Name and Contact: Black Hills Energy/Correspondence Department
Physical and Mailing Address: 7001 Mount Rushmore Rd, Rapid City, SD 57701
PO Box 6006, Rapid City, SD 57709
Phone: 888-890-5554 Email: custserv@blackhillscorp.com Fax: 800-540-2486
For additional information, including the utility's privacy policy, visit www.blackhillsenergy.com/node/4729

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

Organization/Trade Name: _____

Contact Name (if available): _____

Physical and Mailing Address: _____

Phone: _____ Email: _____ 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 ___/___/___ 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.

To be completed by the Customer

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

SERVICE ADDRESS

PRINTED NAME

SIGNATURE OF CUSTOMER OF RECORD

DATE SIGNED

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.