



## Public Service Gas & Electric Affordability Programs (GAP-EAP)

### Please complete, sign and return this form to apply for these programs.

Please print the following information as it appears on your Xcel Energy bill:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: CO ZIP: \_\_\_\_\_ Xcel Energy Account Number **53-** \_\_\_\_\_

I am signing up for the Public Service Gas & Electric Affordability (GAP-EAP) programs.

- I understand that by signing this form, I am giving my permission for Xcel Energy to obtain data about me through LEAP. Xcel Energy will take every precaution to keep my financial and other personal information confidential.
- I understand that by signing this form, I acknowledge that I have applied and received energy assistance through LEAP for the current or most recent heating season. (Please note that your participation in GAP-EAP will not affect your LEAP benefit.)
- I understand that these are an assistance programs with the following requirements:
  - I will enroll in Xcel Energy's Averaged Monthly Payment plan.
  - I will make monthly bill payments in order to prevent a service disconnection.
  - I will stay current in the program(s) in order for arrears to be forgiven.
  - I agree to let Xcel Energy share my monthly usage data with the Colorado Energy Office for a total period of five (5) years, for the purposes of improving the energy efficiency of my home through the GAP/EAP weatherization program. I agree to be contacted by the Colorado Energy Office for these purposes.
- I understand that enrollment in these programs is first come, first serve on the GAP-EAP programs' criteria.
- I understand that participation in these programs will not stop Xcel Energy's regular collection and discontinuation of service process.

Questions? Call Xcel Energy's GAP-EAP office toll free at 800.331.5262. Hours of operation are Monday through Friday, from 7:30 a.m. to 4:00 p.m.

Please have account holder and LEAP applicant (if different) sign below. Failure to have all signatures will make you ineligible for these programs.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Primary Account Name

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
LEAP Applicant, if different

### Please return this completed application via:

**Fax:** 612.329.2862

**Email:** [peap.eap@xcelenergy.com](mailto:peap.eap@xcelenergy.com)

**Mail:** Xcel Energy  
 1800 Larimer St., Attn: GAP EAP  
 Denver CO 80217-9883



Colorado  
 Energy Office

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