



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

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



Colorado
 Energy Office

colorado.gov/energy