



LG&E Utility Assistance Application Form



This form is to apply for LG&E utility assistance, funded by the U.S. Treasury. Households are only eligible to apply once. **Appointments are required.** To schedule an appointment call 502-977-6636 or go online at LGEHELP.ITfrontdesk.com.

Appointment Location:	
Appointment Date:	
Name:	
Date of Birth:	
Phone:	
LG&E Account Number(s):	
Street Address:	
Zip code:	
Number of adults in household:	Number of children in household:

Documentation Required

- Picture ID of all adult household members,
- Social Security Card(s) for each household member (or official document with Social Security Numbers) or proof of age if under 2 years or Permanent Residence card (Green Card); or self-declared undocumented person(s), and
- Current bill with a balance owed. (The LG&E balance must have occurred March 16, 2020).

To be eligible for this program you must reside in Jefferson County, have suffered a financial hardship due to the COVID-19 pandemic, and have a balance or payment plan with LG&E for charges since 3/16/2020.

COVID-19 Certification of Financial Hardship
My household has experienced the following changes due to COVID-19 pandemic (please check all that apply):
<input type="checkbox"/> Job Loss
<input type="checkbox"/> Reduced Hours/Wages
<input type="checkbox"/> Additional Expenses
<input type="checkbox"/> Other negative impact _____(describe)

Households with gas/electric charges included in the rent are not eligible for this program.

By signing below, I agree that I am applying on behalf of all my household's members for the Utility Assistance Program. I understand that this application is not a guarantee that I or my household will receive any benefits. I understand that additional information may be require, depending on the circumstances of my case.

I understand that any misrepresentation of information or failure to disclose information requested on this declaration may disqualify me from consideration for participation in the assistance program and may be grounds for termination of assistance.

I authorize the disclosure of confidential information among data recipients in connection with this application. The data recipients have a direct, tangible, legitimate interest in the data subjects and the sharing of records and confidential information is necessary in the performance of a legitimate government function. I am authorized to give this consent on behalf of all the data subjects. Each data recipient is held harmless and is released from any claim, loss, demand, damage, and liability of any kind from each of the data subjects in connection with sharing of confidential information. I authorize my data recipient to provide notification of any breach or suspected breach involving confidential information by e-mail. I will notify RCS if my e-mail address changes. I understand this is one possible method of notification and other method (s) of notification may be used.

I hereby certify all information given on this declaration is true and correct, and that I have not knowingly withheld any fact or circumstances which would, if disclosed, affect my recertification unfavorably. I hereby authorize inquiries to be made to verify the information given in this declaration and for the Office of Resilience and Community Services, LG&E, and Ministries to share my information with each entity.

Signature: _____

Date: _____

HOUSEHOLD PROFILE

(COMPLETE COLUMN FOR **EACH HOUSEHOLD MEMBER**) – use additional pages if needed

HOUSEHOLD MEMBER NAME:			
DATE OF BIRTH:			
RELATIONSHIP:	SELF		
GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
ETHNICITY:	<input type="checkbox"/> HISPANIC <input type="checkbox"/> NON - HISPANIC	<input type="checkbox"/> HISPANIC <input type="checkbox"/> NON - HISPANIC	<input type="checkbox"/> HISPANIC <input type="checkbox"/> NON - HISPANIC
RACE:	<input type="checkbox"/> AFRICAN AMERICAN (AA) <input type="checkbox"/> AA & AMER. INDIAN / ALASKAN <input type="checkbox"/> AFRICAN AMERICAN & WHITE <input type="checkbox"/> AMER. INDIAN / ALASKAN <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> MULTI – RACIAL <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLDR <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> AFRICAN AMERICAN (AA) <input type="checkbox"/> AA & AMER. INDIAN / ALASKAN <input type="checkbox"/> AFRICAN AMERICAN & WHITE <input type="checkbox"/> AMER. INDIAN / ALASKAN <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> MULTI – RACIAL <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLDR <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> AFRICAN AMERICAN (AA) <input type="checkbox"/> AA & AMER. INDIAN / ALASKAN <input type="checkbox"/> AFRICAN AMERICAN & WHITE <input type="checkbox"/> AMER. INDIAN / ALASKAN <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> MULTI – RACIAL <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLDR <input type="checkbox"/> OTHER: _____
EMPLOYMENT:	<input type="checkbox"/> FULL – TIME <input type="checkbox"/> PART – TIME <input type="checkbox"/> MIGRANT SEASONAL FARM WORKER <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED (SHORT, ≤6 MONTHS) <input type="checkbox"/> UNEMPLOYED (LONG, >6 MONTHS) <input type="checkbox"/> UNEMPLOYED (NOT IN LABOR FORCE)	<input type="checkbox"/> FULL – TIME <input type="checkbox"/> PART – TIME <input type="checkbox"/> MIGRANT SEASONAL FARM WORKER <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED (SHORT, ≤6 MONTHS) <input type="checkbox"/> UNEMPLOYED (LONG, >6 MONTHS) <input type="checkbox"/> UNEMPLOYED (NOT IN LABOR FORCE)	<input type="checkbox"/> FULL – TIME <input type="checkbox"/> PART – TIME <input type="checkbox"/> MIGRANT SEASONAL FARM WORKER <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED (SHORT, ≤6 MONTHS) <input type="checkbox"/> UNEMPLOYED (LONG, >6 MONTHS) <input type="checkbox"/> UNEMPLOYED (NOT IN LABOR FORCE)
EDUCATION: (HIGHEST COMPLETED)	<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> PRE-SCHOOL <input type="checkbox"/> EARLY HEAD START <input type="checkbox"/> HEAD START <input type="checkbox"/> 0 – 8 GRADE <input type="checkbox"/> 9 – 12 NON GRADUATE <input type="checkbox"/> HIGH SCHOOL GRADUATE / GED <input type="checkbox"/> 12 + SOME POST SECONDARY <input type="checkbox"/> 2 – 4 YEAR COLLEGE GRAD <input type="checkbox"/> ADVANCED/POST GRADUATE <input type="checkbox"/> TECHNICAL/TRADE SCHOOL	<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> PRE-SCHOOL <input type="checkbox"/> EARLY HEAD START <input type="checkbox"/> HEAD START <input type="checkbox"/> 0 – 8 GRADE <input type="checkbox"/> 9 – 12 NON GRADUATE <input type="checkbox"/> HIGH SCHOOL GRADUATE / GED <input type="checkbox"/> 12 + SOME POST SECONDARY <input type="checkbox"/> 2 – 4 YEAR COLLEGE GRAD <input type="checkbox"/> ADVANCED/POST GRADUATE <input type="checkbox"/> TECHNICAL/TRADE SCHOOL	<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> PRE-SCHOOL <input type="checkbox"/> EARLY HEAD START <input type="checkbox"/> HEAD START <input type="checkbox"/> 0 – 8 GRADE <input type="checkbox"/> 9 – 12 NON GRADUATE <input type="checkbox"/> HIGH SCHOOL GRADUATE / GED <input type="checkbox"/> 12 + SOME POST SECONDARY <input type="checkbox"/> 2 – 4 YEAR COLLEGE GRAD <input type="checkbox"/> ADVANCED/POST GRADUATE <input type="checkbox"/> TECHNICAL/TRADE SCHOOL
MEDICAL INSURANCE:	<input type="checkbox"/> DIRECT-PURCHASE <input type="checkbox"/> EMPLOYMENT BASED <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> MILITARY HEALTH CARE <input type="checkbox"/> STATE HEALTH (PASSPORT) <input type="checkbox"/> NO INSURANCE	<input type="checkbox"/> DIRECT-PURCHASE <input type="checkbox"/> EMPLOYMENT BASED <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> MILITARY HEALTH CARE <input type="checkbox"/> STATE HEALTH (PASSPORT) <input type="checkbox"/> NO INSURANCE	<input type="checkbox"/> DIRECT-PURCHASE <input type="checkbox"/> EMPLOYMENT BASED <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> MILITARY HEALTH CARE <input type="checkbox"/> STATE HEALTH (PASSPORT) <input type="checkbox"/> NO INSURANCE
MILITARY STATUS:	<input type="checkbox"/> ACTIVE MILITARY <input type="checkbox"/> VETERAN <input type="checkbox"/> NEVER SERVED	<input type="checkbox"/> ACTIVE MILITARY <input type="checkbox"/> VETERAN <input type="checkbox"/> NEVER SERVED	<input type="checkbox"/> ACTIVE MILITARY <input type="checkbox"/> VETERAN <input type="checkbox"/> NEVER SERVED
MARITAL STATUS:	<input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHER	<input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHER	<input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHER
DISABILITY STATUS:	<input type="checkbox"/> NOT DISABLED <input type="checkbox"/> DISABLED	<input type="checkbox"/> NOT DISABLED <input type="checkbox"/> DISABLED	<input type="checkbox"/> NOT DISABLED <input type="checkbox"/> DISABLED
PREFERRED LANGUAGE:			
ENGLISH PROFICIENCY:			

Use additional page file if needed (hard copy provided at drop box location)

HOUSEHOLD PROFILE

(COMPLETE COLUMN FOR EACH HOUSEHOLD MEMBER) – use additional pages if needed

HOUSEHOLD MEMBER NAME:			
DATE OF BIRTH:			
RELATIONSHIP:			
GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
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PREFERRED LANGUAGE:			
ENGLISH PROFICIENCY:			

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HOUSEHOLD INCOME PROFILE

List ALL adult members of the household and their income for the prior *two months*.

Name of Household Member	No Income	Employment Earnings (Gross Amount)		Social Security, SSI, or SSDI per Month	Other Income	
		Month 1	Month 2		Month 1	Month 2
	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$	\$

I certify all the information on this application is true and that all income is reported. I understand that intentionally making false or misleading statements or intentionally misrepresenting, concealing, or withholding facts may subject me to civil or criminal prosecution under state and federal law.

Signature: _____ **Date:** _____

Before submitting your application

- Verify your appointment details are correct. Selecting the wrong location may result in documents not being received. You can check your appointment online at LGEHELP.ITfrontdesk.com or by calling 502-977-6636.
- Include copies of all required documentation (listed on pg 1). Original documents will not be returned.