

LG&E Utility Assistance Application Form



This form is used to apply for the Louisville Metro Government Utility Assistance program, which pays up to \$500 of past due LG&E bills that occurred from March 16 – December 31, 2020 for those with income lost due to COVID-19. **You must make an appointment** to drop off your application by calling 502-977-6636 or online at LGEHELP.ITfrontdesk.com through June 30, 2021 or until all funds are expended.

Appointment Date	
Name (<u>Print</u>):	
Date of Birth:	
LG&E Account Number (s)	
Phone Number:	

Documentation Required

- Picture ID of all adult household members,
- Social Security Card(s) (or official documentation with Social Security Numbers) or proof of age if under 2 years or Permanent Residence card (Green Card) for each member of the household; or self-certification for undocumented person(s), and
- Received a disconnect notice from L&GE, or current bill with a past due amount. (The LG&E arrearage must have occurred March 16 through December 31, 2020).

To be eligible for this program, you must reside in Jefferson County, suffer financial hardship due to the COVID-19 pandemic, and must have a past-due balance or payment plan with LG&E, for charges from 3/16/20 to 12/31/20.

COVID-19 Certification of Financial Hardship

My household has experienced the following changes due to COVID-19 pandemic (please circle all that apply):

- (1) Job Loss
- (2) Reduced Hours/Wages
- (3) Additional Expenses
- (4) Other negative impact _____ (describe)
- (5) None of the above

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 Louisville Metro Government Utility Assistance Program. I understand that this application is not a guarantee that I or my household will receive any benefits. I acknowledge that I have read and comply with the Program Certifications (on page 4 and posted at the drop off site).

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 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 INCOME PROFILE

There are no income limits for receiving assistance, however, income information is required to process the application.

My household income for the prior month included (circle and complete all that apply)

Type of Income:

Which household member(s) does this belong to?

- (1) Employment income, gross amount _____
- (2) Unemployment, amount _____
- (3) Social Security, amount _____
- (4) State Supplemental Income, amount _____
- (5) KTAP, amount _____
- (6) Child Support, amount _____
- (7) Pension/Retirement, amount _____
- (8) Worker Compensation, amount _____
- (9) Other income, description and amount, _____
- (10) Zero income, complete box below:

*I am certifying that my household has **ZERO** income for **the month prior** to my appointment date of _____ . This includes both the earned (wages, salaries, tips, etc.) and the unearned income (pensions, Social Security, SSI, unemployment, child support, k-tap, VA benefits, etc.) of **ALL** household members other than minors and adult children still in high school.*

Signature: _____ **Date:** _____

Do not include the following types of income:

- Employment income of minor children;
- SNAP Benefits;
- Inheritance and insurance income;
- Medical expense reimbursements;
- Income of live-in aides;
- Disabled persons (lump sum or back payments);
- Student financial aid;
- Armed forces hostile fire pay;
- Self-sufficiency program income;
- Temporary, non-recurring, or sporadic income;
- Reparations;
- Income from full-time dependent students;
- Adoption assistance payments;
- Deferred and lump sum social security/SSDI payments;
- Income tax and property tax refunds;
- Federal Stimulus benefits
- Home care assistance; and
- Other federal exclusions.

DO YOU RECEIVE FOOD STAMPS ? _____ NO _____ YES, IF SO HOW MUCH ? _____

FAMILY MEMBER PROFILE

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

FAMILY MEMBER NAME			
DATE OF BIRTH:			
PHONE NUMBER:			
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
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 (OUT 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 (OUT 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 (OUT 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:			
HOUSING:	<input type="checkbox"/> OWN <input type="checkbox"/> RENT (SUBSIDIZED) <input type="checkbox"/> RENT (NON-SUBSIDIZED)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT (SUBSIDIZED) <input type="checkbox"/> RENT (NON-SUBSIDIZED)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT (SUBSIDIZED) <input type="checkbox"/> RENT (NON-SUBSIDIZED)

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

Louisville Metro Government Utility Assistance Program Certifications

- I certify to each of the following statements:
 - The information provided for the Application(s) is accurate and I have received a copy of the Notice of Appeal(s).
 - I understand that the receipt of assistance from this Program(s) through misrepresentation is punishable by fine or imprisonment.
- **Louisville Metro Government Utility Assistance Program**
 - By signing the Application, I also agree to each of the following statements:
 - I authorize the Disclosure of Confidential Information among Data Recipients and am hereby requesting Disclosure 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.
 - I am authorized to complete and submit this application, including submitting certain Confidential Information and providing a release, on behalf of all of 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 the LMG, LG&E and Ministries 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 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 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.