

**\*\*\* FILL EACH LINE INDICATED BY A " " \*\*\***



**LIHEAP Subsidy 2021 Application # ON PRINTED APP**

**Louisville Metro Community Services**  
 701 W Ormsby Suite 201  
 Louisville, KY 40202  
 Phone: (502) 574-5050

ON PRINTED APP for a/an ON PRINTED APP Benefit up to \$ ON PRINTED APP

**Vendor: LG&E / Bulk Fuel / Utilities included in rent (Circle One)**

**Account Number:** \_\_\_\_\_

**Name on Account: ON PRINTED APPLICATION**

**This is not a Voucher  
 \*Voided after 60 days\***

**Applicant:**

**Name:** \_\_\_\_\_  
 (Print)

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

Household Members	Identification	Income Type & Amount
ON FAMILY MEMBER PROFILE FORM	IN CASE FILE & ON PRINTED APPLICATION	IN CASE FILE & ON PRINTED APPLICATION

**Eligibility Criteria**

Housing: (Select One)

- Own
- Rent (Non-Subsidized)
- Rent (Subsidized)
- Other \_\_\_\_\_

Client Situation: ON PRINTED APPLICATION

<b>Appointment:</b>	<b>DATE:</b>	<b>TIME:</b>	<b>Pending?: Yes/No</b>
<b>Confirmation #:</b>			
<b>Date of Birth:</b>			
<b>Last 4 SS#:</b>			

**Household Size** \_\_\_\_\_

**Monthly Income**  
 \$ ON PRINTED APP

**Annual Income**  
 \$ ON PRINTED APP

**Electric and Main Heating Fuel (for reporting only)**

On printed application

(ON PRINTED APP % of the Federal Poverty Guidelines)

By signing the Application, I certify to each of the following statements:  
 - The information provided for the Application is accurate and I have received a copy of the Notice of Appeal.  
 - I understand that the receipt of assistance from this Program through misrepresentation is punishable by fine or imprisonment.  
 By signing the Application, I also agree to each of the following statements:  
 - I have been provided with a list of defined terms used in the LIHEAP Program Application in the Notice of Appeal.  
 - 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 of 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 accept Weatherization services as available to reduce my home heating costs.  
 - I authorize my Data Recipient to provide notification of any breach or suspected breach involving Confidential Information by e-mail at the following email address: N/A. I will notify the CAA if my e-mail address changes. I understand this is one possible method of notification and other method(s) of notification may be used.

**Be sure to sign & date form!**

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

Issued By: \_\_\_\_\_  
**OFFICE USE ONLY**  
 Phone: \_\_\_\_\_  
 \_\_\_\_\_  
 Worker Signature

\_\_\_\_\_  
 Date

\*If you require a copy of your finalized application, call 574-5050 or visit your LIHEAP site (after processing)\*

**COMPLETE FAMILY MEMBER PROFILE FORM WITH EACH APPLICATION**

Prompts V1.0

\*\*\* FILL EACH LINE INDICATED BY A " ➡ " \*\*\*



LG&E Home Energy Assistance (HEA) 2021-2022 Application # ON PRINTED APP

**Louisville Metro Community Services**

701 West Ormsby  
Louisville, KY 40203

**Applicant:**

 Name \_\_\_\_\_  
(Print)

**Eligibility Criteria**

See printed application

Eligibility Determination: See printed application

**Vendor:** L-LOUISVILLE GAS AND ELECTRIC

820 WEST BROADWAY  
Louisville, KY 40202

**Account Number:** See printed application

**Name on Account:** See printed application

**This is an application to determine eligibility for a Utility Assistance Program and does not guarantee that a benefit will be provided.**

Household Members	Income Type & Amount
ON FAMILY MEMBER PROFILE FORM	ON CASE FILE & PRINTED APPLICATION

**Household Size**

See printed application

**Monthly Income**

See printed application

**Annual Income**

See printed application

(ON PRINTED APP % of the Federal Poverty Guidelines)

I understand that this is an application to determine eligibility and does not guarantee that I will receive a benefit. Applications that meet the initial eligibility requirements may still be deemed not eligible for the program at a later point if additional criteria for the program are not met including but not limited to:

- The account must be an active residential account for the Utility and cannot have their service disconnected
- The household must be responsible for home energy costs as defined by the Kentucky Public Service Commission
- The Utility must be granted access to the meter for monthly meter readings
- The customer's account is not for a multi-unit single meter building

- The Benefit Type above is the primary heating fuel

I understand that eligibility for this program depends on signing a separate authorization to release information and waiver of claims as well as agreeing to the disclaimer.

I also certify that the information on the application is correct, that I will notify the Community Action Agency if any of my information changes to ensure continued eligibility.



Applicant Signature



Date

Issued By: _____	<b>OFFICE USE ONLY</b>	
Phone: _____	_____	_____
	Worker Signature	Date

\*If you require a copy of your finalized application, call 574-5050 or visit your LIHEAP site (after processing)\*

**AUTHORIZATION TO RELEASE INFORMATION AND WAIVER OF CLAIMS ("AUTHORIZATION")**

**Purpose of this Authorization:** To be eligible for the LG&E Home Energy Assistance (HEA) 2021-2022 ("Program"), L-LOUISVILLE GAS AND ELECTRIC or its affiliates ("Utility"), the Commonwealth of Kentucky including the Kentucky Public Service Commission or its affiliates, Community Action Kentucky, Inc. ("CAK") and your Community Action Agency Louisville Metro Community Services ("CAA") (collectively, the "Parties") must share, exchange and use certain Information (defined below) about applicants and participants. We refer to the process of sharing, exchanging, and using Information as a "release" of Information. This release of Information may take place on paper or electronically. The purpose of this Authorization is to: a) get your permission for the Parties to release Information about you in connection with the Program; b) get your promise not to make a claim against the Parties arising from the release of Information; and c) ensure you understand that giving permission for the release of your Information does not guarantee your selection for or continued enrollment in the Program.

**Definition of Information:** For purposes of this Authorization, the term "**Information**" means information that includes all records about you and your electric/natural gas service account, including but not limited to your payment records, usage data, natural gas consumption or usage (AMP) estimates, meter reading dates, service disconnection data, past due payments, billing due dates and amounts, pledges and partial payment agreements, information about your application and eligibility for available weatherization programs, existing third-party notification information, other benefits or subsidies you receive to cover your home heating costs, amounts of other assistance provided, any intake and benefit information from the Program, social security number, driver's license number, age, date of birth, health information and information relating to disabilities (except for mental health or chemical dependency information from a health care provider), employment information, education level, criminal history, income and financial information and any information collected or generated by the IRS with regard to your tax liability.

**Authorization Time Periods:** If you sign this Authorization, the Parties may release your Information covering the following time periods: a) sixty (60) months before the date of this Authorization; and b) up through the latter of: (i) sixty (60) months after the date of this Authorization; or (ii) six months after the effective date that your participation in the Program ends.

**By initialing below, I accept and agree as follows:**

- A. I acknowledge that it is necessary for a release of my Information by and between the Parties so that the Parties can determine whether I would benefit from the Program, determine the level of benefits for which I may be eligible, administer the Program and study the overall effectiveness of the Program. I further understand that by authorizing the release my Information, I am not being assured of selection for, or continued enrollment in, the Program.
- B. The Parties have my express permission to release the Information for the purposes described in this Authorization.
- C. In consideration with processing my application and determining my eligibility in the Program, I release the Parties (including their directors, officers, affiliates, employees and authorized agents) from any and all liability whatsoever for, and forever discharge and waive any claim that arises in connection with, the release of the Information for the purposes described in this Authorization ("Waiver of Claims").
- D. I may withdraw this Authorization and, thus, withdraw from participation in the Program, by making a written request to my CAA. I understand that if I withdraw this Authorization, the Parties will cease to further release Information about me upon the expiration of six months after the effective date my participation in the Program ends except as may be required by law. I also understand that my withdrawal of this Authorization does not affect my Waiver of Claims above related to a release of Information that occurs before the expiration of six months after the effective date that my participation in the Program ends.

 \_\_\_\_\_  
**Initial of Applicant/Authorized Representative**



**DISCLAIMER**

The Program, including benefit amounts and eligibility requirements, may be changed from time-to-time, which changes in some cases may require the approval by the Kentucky Public Service Commission. Benefits will be paid only so long as funding is available and you remain eligible for the benefits. Participation in a Program during any Program Year does not make you eligible to participate in any Program during a subsequent Program Year, and you will be required to reapply, and your eligibility for benefits from any Program will be reassessed for each Program Year.

No part of any Program benefit will be refunded or paid to you in cash. If a final bill otherwise shows a credit balance, part or all of which is the result of the application of a Program benefit, a refund will be made of only that portion, if any, of the final credit balance that exceeds the total Program benefits applied during the current Program Year.

 \_\_\_\_\_ /  
**Signature of Applicant/Authorized Representative**

 \_\_\_\_\_  
**Date**

**Print name and relationship to Applicant of person signing above:**  
 \_\_\_\_\_ /  \_\_\_\_\_  
**Printed Name** **Relationship (POA, Spouse, Child, etc.)**

**FAMILY MEMBER PROFILE**  
(COMPLETE COLUMN FOR **EACH HOUSEHOLD MEMBER**)

<b>NAME</b>			
<b>DATE OF BIRTH:</b>			
<b>PHONE NUMBER:</b>			
<b>RELATIONSHIP:</b>			
<b>GENDER:</b>	<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
<b>RACE:</b>	<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 NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> ASIAN & WHITE <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLDR <input type="checkbox"/> WHITE & AMER. INDIAN / ALASKAN <input type="checkbox"/> MULTI – RACIAL <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 NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> ASIAN & WHITE <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLDR <input type="checkbox"/> WHITE & AMER. INDIAN / ALASKAN <input type="checkbox"/> MULTI – RACIAL <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 NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> ASIAN & WHITE <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLDR <input type="checkbox"/> WHITE & AMER. INDIAN / ALASKAN <input type="checkbox"/> MULTI – RACIAL <input type="checkbox"/> OTHER
<b>ETHNICITY:</b>	<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
<b>EMPLOYMENT:</b>	<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)
<b>EDUCATION: (HIGHEST COMPLETED)</b>	<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
<b>MILITARY STATUS:</b>	<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
<b>MARITAL STATUS:</b>	<input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED
<b>DISABILITY STATUS:</b>	<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
<b>PREFERRED LANGUAGE:</b>			
<b>ENGLISH PROFICIENCY:</b>			
<b>MEDICAL INSURANCE:</b>	<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
<b>HOUSING:</b>	<input type="checkbox"/> OWN <input type="checkbox"/> RENT (SUBSIDIZED)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT (SUBSIDIZED)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT (SUBSIDIZED)

# HOW DID WE DO TODAY?

YOUR FEEDBACK IS IMPORTANT TO US

**TEXT "SURVEY" TO  
(502) 362-5500**

*Message and data rates may apply.*

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**You may also visit online or  
scan QR code to access survey:  
<https://tinyurl.com/surveyRCS>**



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