

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



LIHEAP Summer Cooling 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	ON CASE FILE & PRINTED APPLICATION	ON CASE FILE & PRINTED APPLICATION

Eligibility Criteria

Housing: ON FAMILY MEMBER PROFILE FORM
 Client Situation: ON PRINTED APPLICATION

Electric and Main Heating Fuel (for reporting only)

Electric Vendor
 Account #
 Name
 Heating Fuel
 Vendor
 Account #
 Name

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

Household Size

Monthly Income

Annual Income

\$ ON PRINTED APP

\$ ON PRINTED APP

(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 V1.5