

BUTLER COUNTY SENIOR UTILITY, HOME REPAIR & EMERGENCY HOUSING ASSISTANCE PROGRAM



What is the Senior Utility, Home Repair and Emergency Housing Assistance Program?

This program provides three types of assistance to eligible Butler County older adults:

1. Assistance paying utility bills (gas or electric)
2. Assistance in making home repairs or modifications that promote safe, independent living (This assistance is currently on hold due to funding and is no longer accepting applications. It may reopen at a later date, depending on available funding.)
3. Emergency housing assistance (renters only) in the form of rent payment assistance to avoid eviction

Who is eligible?

This program serves Butler County residents age 60 and older who meet certain income requirements and who are not eligible for assistance through other available programs.

Individuals may apply for all three types of assistance offered through this program - but may receive assistance only one time in each category.

- Butler County residents age 60 and over
- Ineligible for other assistance programs
- Utility Assistance: Older adult or other family member in the household currently paying the utility bill (gas/electric only)
- Repairs/Modifications: Applicant must be the homeowner and reside in the home where the work will occur
- Emergency Housing Assistance: Applicant must reside in the home/apartment where assistance is needed. Applicant must be able to demonstrate ability to make rental payments in the future (renters only)
- Household income of 300% of poverty level or below, following the guidelines below:
 - 1 person in household annual income up to \$43,740
 - 2 people in household annual income up to \$59,160
 - 3 people in household annual income up to \$74,580
 - 4 people in household annual income up to \$90,000

Questions?

If you have questions, please call Council on Aging at (513) 743-9000.

Use the application on the following pages to apply for this program.

APPLICATION FORM

BUTLER COUNTY SENIOR UTILITY, HOME REPAIR & EMERGENCY HOUSING ASSISTANCE PROGRAM



This application contains five (5) pages. Please be sure to complete relevant sections on all pages and follow the instructions on page 5 to submit your completed application. Items marked with an * are required to be completed.

APPLICANT'S PERSONAL INFORMATION

Applicant's Full Name*

Date of Application*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y	Y	Y

Street Address*

Apt #

City*

Phone*

Zipcode*

E-Mail

Birth Date*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y	Y	Y

Number of People in Household*

Total Monthly Household Income*

Gender Identity

- Female
- Male
- Transgender
- Non-binary
- Prefer not to say

Race^

- White
- Black/African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Two or More Races
- Other

Ethnicity^

- Hispanic/Latino
- Not Hispanic/Latino
- Other

Veteran Status^

- Yes
- No

Preferred Contact Method

- Phone
- Email

^This information is gathered for grant reporting purposes only. Butler County and Council on Aging do not discriminate based on age, gender, race, color, religion (creed), sexual orientation, gender expression or identity, national or ethnic origin (ancestry), marital status, or disability. Leave blank if you prefer not to report.

TYPE OF ASSISTANCE NEEDED

Individuals may apply for utility assistance and/or home repair assistance, as well as emergency housing assistance. If an individual applies for and receives assistance, they are no longer eligible to receive the same type of assistance through this program. However, they may apply for another form of assistance offered through this program.

I need assistance with (choose one or more and then complete the appropriate sections on the following pages):*

Utility Assistance (continue with Utility Assistance Information below)

Home Repair (jump to Home Repair information on page 3)

Emergency Housing Assistance (jump to Emergency Housing Assistance information on page 4)

UTILITY ASSISTANCE INFORMATION (HOMEOWNERS & RENTERS)

Eligible individuals may apply for a one-time credit for their gas/electric bill.

Name of Utility Provider*

Name on Utility Bill*

Utility Account #*

Have you received a disconnection notice from your utility provider?

Yes No

Is the billing address for your utility bill different than the address you provided at the start of this application?*

Yes (please provide the utility billing address in the fields below) No

Street Address

Apt #

City

State

Zipcode

Home Repair application begins on page 3.

Emergency Housing Assistance application begins on page 4.

EMERGENCY HOUSING ASSISTANCE (RENTERS ONLY)

Applicants must provide the following information to apply for this program:

- Proof of income for the past 30 days for all household members 18 and older (examples: paystubs, Soc Sec award letter, unemployment, pension, etc.)
- Eviction or past due rent notice including total amount due
- Copy of your current lease or rental agreement, even if you rent month-to-month

Do you own or rent your home? Rent Own (you are not eligible for this program)

Please provide detailed information regarding your financial hardship.*

Please include the number of months behind, the amount of the rent, and any eviction or late fees issued by the landlord.

Please provide information regarding your plans for paying your rent in the future.*

CERTIFICATION

By signing this form, I hereby certify that, to the best of my knowledge, the provided information is true and accurate and Council on Aging may contact me to further assess my eligibility for this program.

Applicant Signature _____

HOW TO SUBMIT YOUR APPLICATION

Mail, Email or Fax:

Completed applications should be mailed to:

Council on Aging
Attn: ADRC - Utilities
4601 Malsbary Road
Blue Ash, OH 45242

Completed paper applications may also be emailed to HCUtility@help4seniors.org or faxed to (513) 538-0411. Please remember to include required documentation (for emergency housing assistance) with your application.

To have an application mailed to you, please call (513) 743-9000 or send an email to HCUtility@help4seniors.org.

Questions?

If you have questions about this program or application, please call Council on Aging at (513) 743-9000.

THANK YOU!

Once we receive your application, we will contact you to further assess your eligibility for the program.



About Council on Aging

Council on Aging is designated by the state of Ohio to serve older adults and people with disabilities within a multi-county region. We are experts at helping people with complex medical and long-term care needs, offering a variety of services via publicly-funded programs. Our mission: Enhance lives by assisting people to remain independent through a range of quality services.

(513) 721-1025 or (800) 252-0155 | www.help4seniors.org