



# Hamilton County Utility Assistance Program



## What is the Utility Assistance Program?

The Utility Assistance Program was developed by Hamilton County Commissioners to provide eligible older adults with assistance paying their Duke Energy utility bill.



## Who is eligible?

The Utility Assistance Program is for Hamilton County residents age 60 and older who meet certain income requirements and who are not eligible for utility assistance through other available programs.

- Hamilton County residents ages 60 and over
- Older adult or family member in household currently paying utility bill
- Ineligible for other assistance programs
- Household income of 175%-300% of poverty level
  - 1 person in household, annual income between \$23,783 - \$40,770
  - 2 people in household, annual income between \$32,034 - \$54,930
  - 3 people in household, annual income between \$40,303 - \$69,090
  - 4 people in household, annual income between \$48,563 - \$83,250

## How do I apply?

Please complete the reverse side of this form and return to: Council on Aging, Attn: Cherry Bartlett, 4601 Malsbary Road, Blue Ash, OH 45242

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

**If you have questions regarding the utility program, please call COA at (513)743-4000**

## Preserving Independence, Enhancing Quality of Life

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.

Council on Aging | (513) 721-1025 or (800) 252-0155 | [www.help4seniors.org](http://www.help4seniors.org)

Hamilton County ESP services are funded by a special tax levy. ESP does not supplant care provided by families but rather secures the necessary additional care the family is unable to provide. ESP expects families to take responsibility to care for family members to the fullest extent possible. ESP does not discriminate on the basis of age, gender, race, color, religion (creed), sexual orientation, gender expression or identity, national or ethnic origin (ancestry), marital status, or disability.

# Hamilton County Utility Assistance Program



**Registration Form** Please complete the following registration form for the Hamilton County Utility Assistance Program. Your application will be reviewed to determine eligibility.

Full Name :

Address :  Apt #:

City:  State:

Zip:  Phone :

Date of Birth :  /  /  Gender:  Male  Female

Email:

Number of people in household  Total income of those living in household

Name on utility bill

*If the address listed above is different than the billing address for utilities please enter billing address* Address :

Apt #:  City:

State:  Zip:

*The following information is gathered for grant reporting purposes only. Hamilton 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.*

Race:  White  Black or African American  American Indian and Alaska Native

Asian  Native Hawaiian and Other Pacific Islander  Two or More Races

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino  Other

Are you a Veteran?  Yes or  No

**Certification:** *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.*

Signature:  Date:  /  /