CLINTON COUNTY SENIOR UTILITY ASSISTANCE PROGRAM



What is the Senior Utility and Home Repair Assistance Program?

The Utility Assistance Program was developed by Clinton County Commissioners to provide eligible older adults with assistance paying their utility bills.

Who is eligible?

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

Individuals may apply for assistance with their gas/electric bill.

- Clinton County residents age 60 and over
- Ineligible for other assistance programs
- Older adult or other family member in the household currently paying the utility bill
- 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 (937) 584-7200.

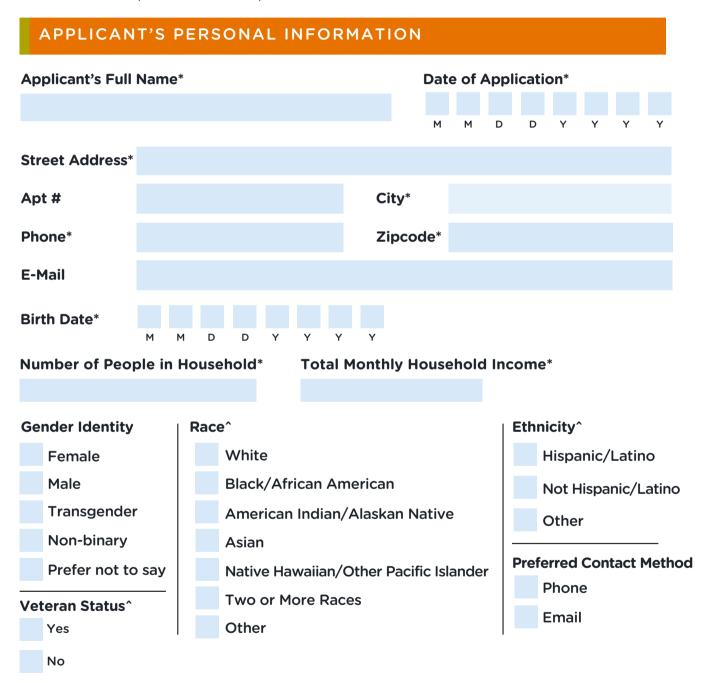
Use the application on the following pages to apply for this program.

APPLICATION

CLINTON COUNTY SENIOR UTILITY ASSISTANCE PROGRAM



This application contains three (3) pages. Please be sure to complete all sections and follow the instructions on page 3 to submit your completed application. Items marked with an * are required to be completed.



[^]This information is gathered for grant reporting purposes only. Clinton 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.

UTILITY ASSISTANCE INFORMATION

Eligible individu	uals may apply for a one-time o	credit for their gas	s/electric utility bill.
Name of Utility	Provider*		
Name on Utility	/ Bill*		
Utility Account	#*		
	ved a disconnection notice from	ı your utility provid	ler?*
Is the billing add of this application	dress for your utility bill differen on?*	t than the address	you provided at the start
Yes (please	provide the utility billing addre	ss in the fields belo	ow) No
Street Address			
Apt #		City	
State		Zipcode	
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.

To have an application mailed to you, please call (937) 584-7200 or send an email to HCUtility@help4seniors.org.

Questions?

If you have questions about this program or application, please call Council on Aging at (937) 584-7200.

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.

(937) 584-7200 or (800) 252-0155 | www.help4seniors.org