

HAMILTON COUNTY SENIOR UTILITY AND HOME REPAIR ASSISTANCE PROGRAM



What is the Senior Utility and Home Repair Assistance Program?

The Utility and Home Repair Assistance Program was developed by Hamilton County Commissioners to provide eligible older adults with assistance paying their Duke Energy or Greater Cincinnati Water Works utility bills, or provide eligible older adults with assistance in home repairs or modification so they may age in place.

Who is eligible?

The Senior Utility and Home Repair 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.

Individuals may apply for utility assistance and/or home repair assistance if they have NOT received the same assistance in a prior year. For example, if you received utility assistance through this program in 2022 or 2023, you may not apply in 2024. You may, however, apply for home repair assistance if you have not received it in the past. Individuals who have never applied for assistance through this program may apply for both utility assistance and home repair assistance in 2024.

- Hamilton 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
- Repairs/Modifications: Applicant must be the homeowner and reside in the home where the work will occur.
- 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

HAMILTON COUNTY SENIOR UTILITY AND HOME REPAIR ASSISTANCE PROGRAM



This application contains four (4) pages. Please be sure to complete relevant sections on all pages and follow the instructions on page 4 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. 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.

TYPE OF ASSISTANCE NEEDED

Individuals may apply for utility assistance and/or home repair assistance if they have not received the same assistance in a prior year. For example, if you received utility assistance through this program in 2022 or 2023, you may not apply in 2024. You may, however, apply for home repair assistance if you have not received it in the past. Individuals who have never applied for assistance through this program may apply for both utility assistance and home repair assistance in 2024.

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)

UTILITY ASSISTANCE INFORMATION

Eligible individuals may apply for a one-time credit for either Duke Energy or Greater Cincinnati Water Works for each household that meets the eligibility criteria, not both.

Which utility are you seeking assistance with?*

Duke Energy

Greater Cincinnati Waterworks

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.

HOME REPAIR INFORMATION

Individuals may apply to receive assistance with home repairs or safety upgrades that will help them continue to live independently at home. Applicants should prioritize the most critical repairs or safety modifications that will keep them safe and independent in their own homes. The applicant must own and reside in the home where the work will occur.

Do you own the home where the work will occur? Yes No (you are not eligible for this program)

Program CAN Provide	Program CANNOT Provide
<ul style="list-style-type: none"> • Safety upgrades including grab bars, railings and ramps • HVAC Repair (heating and cooling) • Hot Water Heater Repair • Stairlifts 	<ul style="list-style-type: none"> • Roof repair and/or replacement • Cosmetic repairs and/or replacements • Driveway or walkway repairs and/or replacements • Concrete work or repair • Yard work • Exterior or interior painting • Major plumbing repair (water main repair, septic tanks, etc.) • Appliance repair and/or replacement

What type of repair or modification is needed? Please choose from the following categories:*

- Safety upgrades including grab bars, railings and ramps
- HVAC Repair (heating and cooling)
- Hot Water Heater Repair
- Stairlifts
- Other: _____

Please provide more information about the the type of repair/modification that is needed.*

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 (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