



Office use only:

Account #

City of Ashland Utility Assistance Program

The City of Ashland Utility Assistance Program will assist *City of Ashland* residents with a one-time payment of up to \$125.00 to be paid toward water/sewer/garbage. To qualify for the City of Ashland Utility Assistance Program, the applicant's utilities must be an active account scheduled to be shut off or an active account currently shut off.

The assistance program will not cover fees associated with reconnection or inactive accounts.

The City of Ashland is not responsible for additional water usage, late fees or disconnection of service during the application process. The applicant is responsible for any extension requests and payment arrangements with the City of Ashland.

Applicants will be notified if assistance is granted. Please allow seven days for processing. This program is based on the availability of funds.

Eligibility Requirements

Applicants to the City of Ashland Utility Assistance Program need to meet a set of eligibility requirements. These eligibility requirements are based on the household income, household resources and area of residence of the applicants and are discussed below:

To qualify for the City of Ashland Utility Assistance Program:

- Applicants should have an income that is less than or equal to the specified maximum as per the income guide as detailed below;
- Applicants who are currently receiving benefits from other social service programs such as SNAP, SSI, TANF, or Section 8/Housing Choice Voucher program are automatically eligible for the program;
- Applicants to the City of Ashland Utility Assistance Program must have active service in their name with the *City of Ashland*, be a *resident of the service address within the City of Ashland, Kentucky*, and US national or registered legal aliens;
- The applicant's utilities must be an active account scheduled to be shut off or an active account currently shut off.
- The applicant may not have a bad utility debt with the City of Ashland.

Income Guidelines

Persons in Household	Maximum Income
1	\$27,250
2	\$31,150
3	\$35,050
4	\$38,900
5	\$42,050
6	\$45,150
7	\$48,250
8	\$51,350

When applying for *City of Ashland Utility Assistance Program*, the following is required:

1. Recent copy of your utility bill including the account number.
2. Final utility termination notice/shut off notice.
3. Proof of receiving benefits within the last 90 days from other social service programs such as SNAP (Supplemental Nutrition Assistance Program), SSI (Supplemental Security Income), and/or TANF (Temporary Assistance for Needy Families) (if applicable);
4. A recent payroll stub or other proof of current gross income;
5. Documentation showing income from Social Security, Unemployment Insurance, pension funds, disability, etc. of all persons within the residence;
6. Photo identification of applicant (must be the same as account holder) with address listed on account;
7. Proof of total members living in your household (e.g., birth certificates, school records, etc.); and
8. Social Security cards for all persons living in your household.

Household Information

Applicant Name (same as listed on account)	
Service Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
Email Address	

Person(s) in Household

Number of Persons in Household _____

	Name	Date of Birth	Social Security Number
1	Applicant Name: (same as listed on account)		
2			
3			
4			
5			
6			
7			
8			

Benefits

Benefits household is receiving:

_____ SNAP (Supplemental Nutrition Assistance Program)

_____ SSI (Supplemental Security Income)

_____ TANF (Temporary Assistance for Needy Families)

_____ Section 8/Housing Choice Voucher Program

Income

Name of Household Member	Type of Income*	Amount of Income	Frequency
			_____ Weekly _____ Biweekly _____ Monthly
			_____ Weekly _____ Biweekly _____ Monthly
			_____ Weekly _____ Biweekly _____ Monthly
			_____ Weekly _____ Biweekly _____ Monthly
			_____ Weekly _____ Biweekly _____ Monthly
			_____ Weekly _____ Biweekly _____ Monthly

*Types of Income: employment, social security, child support, unemployment insurance, pension funds, disability, alimony, etc.

Certification

I certify that the information on this form is true and complete to the best of my knowledge and belief.

Applicant Signature _____ Date _____

Print Name _____