**City of \_\_\_\_\_\_\_, Kentucky**

**COVID19 Hardship Grant Information & Application**

**[1. Who is Eligible To Apply?](https://teamkyfund.ky.gov/%22%20%5Cl%20%22Qno1)**

**The City of \_\_\_\_\_\_\_ COVID19 Hardship Grant oversight committee will evaluate all applications to determine who is eligible to receive funding. You must meet all of the following criteria to be approved.**

* **Proof of unpaid utility balance:** The Applicant must submit a copy of their (or their tenant’s) most recent utility bill and sign a statement requesting assistance in paying the outstanding balance and acknowledging that all assistance will be in the form of a direct payment to the utility provider.

**2.**  [**How Will Financial Assistance (Vouchers) Be Provided?**](https://teamkyfund.ky.gov/#Qno2)

* The City of \_\_\_\_\_\_ COVID-19 Hardship Grant will provide direct financial assistance of up to $\_\_\_\_\_\_\_ for eligible persons. Direct Payment to the Utility Provider will be provided for the following approved expenses.
	+ **Utility assistance**: a direct payment (to the Utility Provider) may be issued for the payment of utilities, including electricity, water, gas, sewage, bottled gas used for home heating, and waste/trash. OR
	+ **Utility assistance:** a direct payment to municipal utility providers for the payment of unpaid balances for utility use.

**3.** [**How Do I Apply For Financial Assistance (Vouchers)?**](https://teamkyfund.ky.gov/#Qno3)

* Individuals can apply for assistance by completing the online form. A link to this form is located at the bottom of this document. OR
* Individuals can apply for assistance by filling out the application provided at (city hall/utility admin. bldg./where bills are paid in person)
* Applicants must complete the entire application to be eligible for assistance.
* For questions regarding the application process, contact our grant administrator, XYZ Person, at INFORMATION HERE.

**4.** [**What information / documents do I need to complete the application process?**](https://teamkyfund.ky.gov/#Qno4)

* In order to complete the application process, you will need the required information / documents listed below:
	+ Name of applicant (owner/tenant/landlord)
	+ Address to which applicant’s utility services are provided
	+ Request for assistance in paying unpaid utility balance

**City of\_\_\_\_\_\_\_\_\_\_, Kentucky**

**COVID19 Hardship Grant Information & Application**

**APPLICANT INFORMATION**

Name (Last, First, Middle Initial): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD INFORMATION**

Housing Status: \_\_\_\_ Own \_\_\_\_ Rent \_\_\_\_ Other (Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**PHYSICAL ADDRESS**

Address Line 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Line 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAILING ADDRESS**

\_\_\_\_\_ Mailing address is same as physical address

Address Line 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Line 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE / EMAIL**

Home Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please enter a valid email, as the City may use this email to communicate throughout the approval process.)

**EXPENDITURE AMOUNTS REQUESTED:**

Please list all eligible expenses that you are seeking via a financial award from the City of \_\_\_\_\_\_\_ COVID19 Hardship Grant on behalf of your household/rental unit.

**Note:** A household/Rental Unit cannot receive(a) more than five hundred dollars ($\_\_\_\_) in cumulative total financial awards from the City of \_\_\_\_\_\_\_\_\_ COVID19 Hardship Grant Fund; and(b) financial awards for more than three (3) calendar months. Additionally, supporting documentation to verify expenses must be submitted to complete the application. Samples of supporting documentation include copies of utility bills and/or other appropriate documentation as provided by your utility provider.

Utility Expense Type (Water, Sewer, Garbage, Electric, Gas): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utility Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utility Company Pay to The Order Of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utility Company Payable To Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Utility Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Total/Cumulative expense amounts should not exceed $\_\_\_\_\_)

**DISCLAIMER**

By signing the City of \_\_\_\_\_\_\_\_\_ COVID19 Hardship Grant Application, I also agree to each of the following statements on behalf of myself and all members of my Household:

I understand that information provided on or with my City of \_\_\_\_\_\_\_ COVID19 Hardship Grant Application ("Confidential Information") may be confidential or personal.

I authorize the City of \_\_\_\_\_\_\_\_, Kentucky to share this Confidential Information among the City of \_\_\_\_\_\_\_\_\_ COVID19 Hardship Grant Committee and relevant utility companies, and others (the "Data Recipients") as necessary for those entities to provide assistance to my Household and to administer and oversee the City of \_\_\_\_\_\_\_\_\_ COVID19 Hardship Grant.

The sharing of Confidential Information is necessary in the performance of a legitimate government function.

Each Data Recipient is held harmless and is released from claim, loss, demand, damage, and liability of any kind from each member of my Household in connection with sharing of Confidential Information.

I authorize Data Recipients to provide notification of any breach or suspected breach involving Confidential Information by email at the provided email address. I will notify the City of \_\_\_\_\_\_\_\_\_\_, Kentucky if my email address changes. I understand this is one possible method of notification and other method(s) of notification may be used.

I am authorized to complete and submit this City of \_\_\_\_\_\_\_\_\_\_ COVID19 Hardship Grant Application, including submitting certain Confidential Information and providing a release, on behalf of all the Household members

**\_\_\_\_\_\_\_ I have read the disclaimer, eligibility requirements, and understand financial Initial assistance will come in the form of Direct Payment to Utility Providers, not cash.**

**Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**