

**Low Income Home Energy Assistance Program (LIHEAP) and Low Income Household Water Assistance Program (LIHWAP)**  
**Summer Subsidy Component: FFY 2023 Fact Sheet**  
**Administered by the Department for Community Based Services**  
**Services Provided by Community Action Agencies**

**Purpose:** To assist low-income households with home utility cost through:  
**LIHEAP:** One-time bill payment assistance for home electric services.  
**LIHWAP:** One-time bill payment assistance for home water services (water, wastewater, or a combination of both).

**Operation:** Community Action Kentucky, Inc. will contract with twenty-three community action agencies to operate both programs in all 120 counties. Households should apply through their local Community Action Agency office.

**Eligibility:**

1. Must be responsible for home utility costs or pay utility costs as an undesignated portion of rent.
2. Household income must be at or below the following, relative to household size:

Household Size	Monthly Income	Household Size	Monthly Income
1	\$1,823	5	\$4,393
2	\$2,465	6	\$5,035
3	\$3,108	7	\$5,678
4	\$3,750	8	\$6,320

Add \$643 for each additional family member.

**Application Period:** Applications must be made during the period July 25, 2023, through September 22, 2023, or until funds are expended.

**Designated Representative:** Applicants who are unable to apply for themselves must contact the local community action to make other arrangements. If the designated representative is not the head of household or spouse, the representative must have a signed statement giving authorization to apply for the household. Individuals without a designated representative should contact the local community action agency which may be able to assist them in finding one. Only one person from each household should apply.

**Required Documents:**

**Applicants must bring the following:**

1. Proof of Social Security Number or Permanent Residence card (Green Card) for each member of the household.
2. Proof of all household's (all members) income from the preceding month.
3. Most current electric and/or water service bill, or statement from your landlord if they are included in your rent, or statement from utility company if you participate in a Pre-Pay.
4. **LIHEAP:** The account number and name on the account for main home energy source bill.

**Benefits Provided:**

**LIHEAP:** The benefit amount that a household receives will be based on housing category and income level. Benefits will be paid directly to the household's electric vendor.

**LIHWAP:** The benefit amount that a household receives will be based on housing category. Benefits will be paid directly to the household's water service vendor.

**Client Referral:** Clients requesting additional information regarding either LIHEAP or LIHWAP program should be referred to their local community action agency or Community Action Kentucky (CAK), toll-free number 1-800-456-3452 (TTY available for the hearing impaired).

**Applicant Rights:** Each applicant will be informed of their rights should they be denied assistance. Any applicant who wishes to appeal the case should be informed by local community action agency staff of the procedures for filing a complaint. Should the applicant not be satisfied with the local decision, they may further appeal to the Cabinet for Health and Family Services.

**Rules:** Do **NOT** give false information or hide information to receive LIHEAP OR LIHWAP benefits. Use LIHEAP OR LIHWAP benefits only for your household. If you **BREAK** these rules, you may be stopped from receiving LIHEAP OR LIHWAP benefits, and you may be prosecuted for fraud. Report any information about fraud or misuse of LIHEAP OR LIHWAP benefits by calling the Fraud Hotline at 1-800-372-2970.

Community Action Kentucky administers LIHEAP and LIHWAP in partnership with the Kentucky Cabinet for Health and Family Services who receive the funding as a pass-through block grant from the U.S. Department of Health and Human Services.