Low Income Home Energy Assistance Program (LIHEAP)
Summer Cooling Subsidy Component: FFY 2026 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.

Operation: Community Action Kentucky, Inc. will contract with 23 community action agencies to deliver this program across all 120 counties. Kentucky Residents are encouraged to apply through the Community Action Agency office serving their county of residence.

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	$1,995	5	$4,835
2	$2,705	6	$5,545
3	$3,415	7	$6,255
4	$4,125	8	$6,965

Add $710 for each additional family member.

Application Period: Applications must be made during the period **August 3, 2026, through September 11, 2026**, 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 (utility) bill or statement from your landlord if electric is included in your rent, or statement from utility company if you participate in a Pre-Pay.
4. If electric account is not in the name of the applicant or other adult household member, verification of home energy cost will be required.

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.

Client Referral

Clients requesting additional information regarding LIHEAP 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 benefits. Use LIHEAP benefits only for your household. If you **BREAK** these rules, you may be stopped from receiving LIHEAP benefits, and you may be prosecuted for fraud. Report any information about fraud or misuse of LIHEAP benefits by calling the Fraud Hotline at 1-800-372-2970.

Community Action Kentucky administers LIHEAP 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.