



SENIOR ASSISTANCE PROGRAM

Louisville Senior Services [in partnership with The Louisville Senior Foundation, Seniors of Louisville Advisory Board and Boulder County Aging Services] offers a program which provides financial assistance for energy bills, activity scholarships, emergencies as deemed appropriate by Senior Services staff and recreation/facility passes to eligible applicants.

To be eligible for the senior assistance program, you must meet the following guidelines:

- Louisville resident for over 1 year
- Minimum age of 60 at time of application (*age 60 effective 1/1/08 unless previously qualified*)
- Annual household income of less than \$25,000 (individual) or \$30,000 (joint)
**Proof of above by driver's license or state identification*

And in addition (for Recreation/Facility Pass) one of the following guidelines:

- Supplemental Social Security Income (S.S.I.)
- TANF Recipient
- Medicaid Recipient
- Section 8 / Public Housing
**Proof of above must be provided at time of application*

INSTRUCTIONS FOR APPLICANTS:

1. If you meet the above requirements, please fill out the attached assistance application.
2. Once the application has been approved, funds will be distributed to Xcel Energy, City of Louisville Recreation/Senior Center or another organization as appropriate. Approval of funds and payment may take up to thirty (30) days for processing. Please make arrangements or payments as necessary.
3. This eligibility is good for one calendar year:
 - Energy bills - \$175.00
 - Recreation / Senior Center Activity scholarships - \$50.00
 - Emergencies as deemed appropriate
 - Recreation / Facility Pass – Annual pass or 20 visit cards at 50% discount



SENIOR ASSISTANCE PROGRAM APPLICATION

Head of Household: _____ Birthdate: _____

Other Household Members: _____

Address: _____ City : _____ Zip: _____

Home Phone: _____ Work Phone: _____

I am applying for the following assistance:

- _____ Energy - *Xcel Energy Account #* _____
- _____ Rec/Sr Center Activity Scholarship
- _____ Emergency - *Attach pertinent information regarding emergency circumstance*
- _____ Discounted Recreation/Facility Pass - *Attach copy of certification as marked below*

I believe that I qualify for this program based upon the following guidelines:

- _____ Annual income of less than \$25,000 (individual) or \$30,000 (joint)
- _____ Supplemental Social Security Income (S.S.I.)
- _____ TANF Recipient
- _____ Medicaid Recipient
- _____ Section 8 / Public Housing

Is this your FIRST time applying for the Senior Assistance Program? Yes No

If no, when was the last date of application and/or assistance received? _____

I certify that I have lived in Louisville for over 1 year, am at least 60 years of age and have an annual income of less than \$25,000 (individual) or \$30,000 (joint). I hereby authorize the City of Louisville to confirm my status in any of the above-mentioned programs. I also release the Department of Social Services, Clinical Campesina and Boulder County Housing Authority to provide my current status in any of the above-mentioned programs to the City of Louisville.

Printed Name

Signature

Date

Send completed form to:

**Selena Jaramillo
Louisville Senior Services
900 W. Via Appia
Louisville, CO 80027
Fax (303) 335-4951 Phone (303) 335-4919**