

STEPS to Stability

Hamilton County Utility and Home Repair Assistance



What is the STEPS to Stability Program?

The STEPS to Stability Program was created by Council on Aging to help address common, one-time needs that can impact an older adult's ability to remain independent in their homes and communities.

At this time, STEPS to Stability can help eligible Hamilton County older adults pay their Duke Energy utility bill and/or make home repairs or modifications that can help them age in place.

Who is eligible?

The STEPS to Stability Program - Hamilton County is for county residents age 60 and older who meet certain income requirements and who are not eligible for utility assistance through other available programs.

- If you received a home repair or modification in 2024, you cannot apply for a repair or modification in 2025.
- If you received utility assistance in 2024, you can apply again in 2025.
- If you received neither of these benefits in 2024, you can apply for both in 2025.

Eligibility Criteria:

- Must be a Hamilton County residents age 60 and over
- Ineligible for other assistance programs
- Utility Assistance: Older adult or other family member in the household currently paying the utility bill
- Repairs/Modifications: Applicant must be the homeowner and reside in the home where the work will occur.
- Household income of 300% of poverty level or below, following the guidelines below:
 - \$45,180 for a household of one
 - \$61,320 for a household of two
 - \$77,460 for a household of three
 - \$93,600 for a household of four

Questions?

Please call Council on Aging
at (513) 743-9000.

This Program is being supported, in whole or in part, by federal award number 21.027 awarded to Hamilton County, Ohio by the U.S. Department of Treasury. Additional funding comes from the Hamilton County Senior Services Tax Levy.



APPLICATION FORM

STEPS to Stability - Hamilton County Utility and Home Repair Assistance

This application contains four (4) pages. Please be sure to complete relevant sections on all pages and follow the instructions on page 4 to submit your completed application. Items marked with an * are required to be completed.

APPLICANT'S PERSONAL INFORMATION

Applicant's Full Name*

Date of Application*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y	Y	Y

Street Address*

Apt #

City*

Phone*

Zipcode*

E-Mail

Birth Date*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y	Y	Y

Number of People in Household*

Total Monthly Household Income*

Gender Identity

- Female
- Male
- Transgender
- Non-binary
- Prefer not to say

Race^

- White
- Black/African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Two or More Races
- Other

Ethnicity^

- Hispanic/Latino
- Not Hispanic/Latino
- Other

Veteran Status^

- Yes
- No

Preferred Contact Method

- Phone
- Email

^This information is gathered for grant reporting purposes only. Hamilton County and Council on Aging do not discriminate based on age, gender, race, color, religion (creed), sexual orientation, gender expression or identity, national or ethnic origin (ancestry), marital status, or disability. Leave blank if you prefer not to report.

TYPE OF ASSISTANCE NEEDED

Individuals may apply for utility assistance and/or home repair assistance as follows:

- Home Repairs/Modifications: If you received a home repair or modification in 2024, you cannot apply for a repair or modification in 2025.
- Utility Assistance: If you received utility assistance in 2024, you can apply again in 2025.
- If you received neither of these benefits in 2024, you can apply for both in 2025.

I need assistance with (choose one or more and then complete the appropriate sections on the following pages):*

Utility Assistance (continue with Utility Assistance Information below)

Home Repair (Home Repair information begins on page 3)

UTILITY ASSISTANCE INFORMATION

Eligible individuals may apply for a one-time credit of \$500 on their Duke Energy utility bill.

Name on Utility Bill*

Utility Account #*

Have you received a disconnection notice from your utility provider?

Yes

No

Is the billing address for your utility bill different than the address you provided at the start of this application?*

Yes (please provide the utility billing address in the fields below)

No

Street Address

Apt #

City

State

Zipcode

Home Repair application begins on page 3.

HOME REPAIR INFORMATION

Individuals may apply to receive assistance with home repairs or safety upgrades that will help them continue to live independently at home. Applicants should prioritize the most critical repairs or safety modifications that will keep them safe and independent in their own homes. The applicant must own and reside in the home where the work will occur. If you received this benefit in 2024, you cannot apply in 2025.

Do you own the home where the work will occur? Yes No (you are not eligible for this program)

Program CAN Provide	Program CANNOT Provide
<ul style="list-style-type: none"> • Safety upgrades including grab bars, railings and ramps • HVAC Repair (heating and cooling) • Hot Water Heater Repair • Stairlifts 	<ul style="list-style-type: none"> • Roof repair and/or replacement • Cosmetic repairs and/or replacements • Driveway or walkway repairs and/or replacements • Concrete work or repair • Yard work • Exterior or interior painting • Major plumbing repair (water main repair, septic tanks, etc.) • Appliance repair and/or replacement

What type of repair or modification is needed? Please choose from the following categories:*

- Safety upgrades including grab bars, railings and ramps
- HVAC Repair (heating and cooling)
- Hot Water Heater Repair
- Stairlifts
- Other: _____

Please provide more information about the the type of repair/modification that is needed.*

CERTIFICATION

By signing this form, I hereby certify that, to the best of my knowledge, the provided information is true and accurate and Council on Aging may contact me to further assess my eligibility for this program.

Applicant Signature _____

HOW TO SUBMIT YOUR APPLICATION

Mail, Email or Fax:

Completed applications should be mailed to:
Council on Aging
Attn: ADRC - Utilities
4601 Malsbary Road
Blue Ash, OH 45242

Completed paper applications may also be emailed to HCUtility@help4seniors.org or faxed to (513) 538-0411.

To have an application mailed to you, please call (513) 743-9000 or send an email to HCUtility@help4seniors.org.

IMPORTANT! Once we receive your application, we will contact you to further assess your eligibility for the program.

Questions?

If you have questions about this program or application, please call Council on Aging at (513) 743-9000.

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About Council on Aging

Council on Aging is designated by the state of Ohio to serve older adults and people with disabilities within a multi-county region. We are experts at helping people with complex medical and long-term care needs, offering a variety of services via publicly-funded programs. Our mission: Enhance lives by assisting people to remain independent through a range of quality services.

(513) 721-1025 or (800) 252-0155 | www.help4seniors.org