**Laundry Voucher Application**

Breckinridge County Health Department

220 S. Hardin St. Phone 270-756-5121

Hardinsburg, KY 40143 Fax 270-756-9090

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| --- |
| **Personal Information** |
| Last  | First |  | MI | Email |  |
|  |  |  |  |
| Street Address |  | City | ST | Zip | Home Phone | Mobile  |
|  |  |  |  |  |  |
| **Household Members** |
|  | **Name** | **Birthdate** |  | **Income Amount and Source** |
| **Please list all household members.**  |  |  |  |
| **Including those under 18.** |  |  |  |
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| **Explanation of Need** |
|  |
| **Please provide reasoning for voucher need.** |  |
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| Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being able to receive a laundry voucher. | Signature | Date |
|  |  |

**Please provide an ID, copies of proof of all income in the home (award letter, check stubs, 1099, tax returns), and proof of residence.**

**Each voucher is $25 and limited to 3 per household per year. If you have an emergency situation, but have already reached your voucher limit, please contact us directly.**