Discount Rate Application – Eversource of Western Massachusetts

EVERSOURCE

If you are receiving one of the benefits listed below, you may also be eligible for Eversource's Discount Rate. If you have any questions about this application, please call us at 877-659-6326 Monday through Friday from 8 a.m. – 6 p.m.

☐ **Yes,** I would like to apply for Eversource's residential discount rate. I authorize the agency/agencies providing my benefits to release information to Eversource for enrollment and annual re-certification for the discount rate and to notify Eversource if my benefits are discontinued. I also understand that I am required to notify Eversource if my benefits are discontinued.

Eversource Account Number: _____

Email: _____ **Primary Phone Number:**_____–_____–_____

Service Address: _____

Mailing Address: _____

Eligibility Criteria:

- I am a residential customer (primary residence only).
- My Eversource bill is in my name.
- I am income-eligible for the Home Energy Assistance Program (HEAP), also known as Fuel Assistance.
- My household income does not exceed 60 percent of the estimated state median income.
- I am currently receiving benefits under a means-tested program **(check all that apply below)**.

I currently receive one or more benefits from the following programs:

☐ Home Energy Assistance Program (HEAP, Fuel Assistance)*	☐ Emergency Assistance for the Elderly, Disabled and Children (EAEDC)*	☐ Veterans Dependency & Indemnity Compensation (DIC): Surviving Parent or Spouse*
☐ Supplemental Nutrition Assistance Program (SNAP/ Food Stamps) *	☐ Veterans Non-Service Disability Pension*	☐ Health Safety Net Plan - Primary or Secondary (Not Partial) *
☐ Veterans' Service Benefits (Chapter 115) *	☐ Transitional Aid to Families with Dependent Children (TAFDC)*	☐ School Breakfast /Lunch Program*(only for towns that do not offer free or reduced lunch)
☐ State Supplement Program (SSP) for qualified MA Supplemental Security Income (SSI) applicants*	☐ MA Health Connector Plan Types 1, 2 or 3 A*	☐ Women, Infants and Children (WIC) Nutritional Program*
☐ Mass Health - Basic or Standard*	☐ Head Start*	☐ Public or Subsidized Housing*

Please include the last 4 digits of your Social Security Number: _____

***An eligibility letter is required for programs marked with an asterisk (*). Please enclose a copy.**

I certify all the information provided on this application is true. I receive benefits from the program(s) indicated. I am income-eligible and the Eversource residential account above is in my name.

Signature:_____ **Date:** _____

After completing this application, please fax the information to 800-265-6708 or mail it and any copies to:

Eversource
ATTN: Billing Department
P.O. Box 330, Manchester, NH 03105