nationalgrid

National Grid Discount Rate Application

Significant savings are available to eligible electric customers.

❒ Yes, I would like to apply for National Grid's Low-Income Discount Rate. I authorize the agency(s) providing my benefits to release information to National Grid for the purposes of enrollment and annual recertification for the Discount Rate and to notify the company if my benefits are discontinued. I also understand that I must notify National Grid if my benefits are discontinued.

National Grid Account Number: ☐☐☐☐☐-☐☐☐☐☐

Social Security Number: ☐☐☐-☐☐-☐☐☐☐

Name _____ Telephone Number _____

Address _____

City _____ State _____ ZIP _____

Eligibility Criteria for the discount rate:

- You are a residential customer (primary dwelling only),
- Your electric bill is in your name,
- And either you are eligible for the low-income home energy assistance program (LIHEAP), or its successor program, for which eligibility does not exceed 200% of the federal poverty level based on a household's gross income. In a program year in which maximum eligibility for LIHEAP exceeds 200% of the federal poverty level, a household that is income eligible under LIHEAP shall be eligible for the low-income electric discount,
- Or you are currently receiving benefits under a means-tested program.

I receive benefits from the following program(s):

- ❒ Emergency Aid to Elders, Disabled, and Children (EAEDC)*
- ❒ Food Stamps (SNAP)*
- ❒ Head Start*
- ❒ MassHealth (Medicaid)*
- ❒ National School Lunch Program*
- ❒ Public Housing*
- ❒ School Breakfast Program*
- ❒ Supplemental Security Income (SSI)*
- ❒ Transitional Aid to Families with Dependent Children (TAFDC)*
- ❒ Veterans' Service Benefits* (Chapter 115)
- ❒ Veterans DIC Surviving Parent or Spouse*
- ❒ Veterans Non-Service* Disability Pension
- ❒ Fuel Assistance
- ❒ Women, Infants and Children (WIC)*

*Please provide proof of benefits. Acceptable forms of proof include a program I.D. card or a copy of the certifying agency's acceptance letter.

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

Signature _____ Date _____

Please mail or fax, your eligibility documentation:
National Grid Accounts Processing, Massachusetts Discount Rate, Post Office Box 960, Northborough, MA 01532-9906
Fax: 877-388-9077

If you have any additional questions, please call our Customer Service Department at **1-800-322-3223**, available Monday-Friday, 7:00am-7:00pm; Saturday, 7:00am-5:00pm; or for your convenience, visit us at **www.nationalgridus.com**.

This is an important notice. Please have it translated.

Este é um aviso importante. Queira mandá-lo traduzir.
Este es un aviso importante. Sírvase mandarlo traducir.
Avis important. Veuillez traduire immediatement.

Questa è un' informazione importante, si prega di tradurla.

ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY

Это очень важное сообщение. Пожалуйста, попросите чтобы вам его перевели.