

# National Grid Discount Rate Application

Significant savings are available to eligible gas 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 gas 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 gas discount.
- Or You are currently receiving benefits under a means-tested program.

**I receive benefits from the following program(s):**

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

\*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 \_\_\_\_\_

If you have any questions about the program, please contact us at the Customer Assistance telephone number on your bill.

Please mail this application and supporting eligibility documents to:

**National Grid, Massachusetts Discount Rate, One MetroTech Center, 2nd Floor, Brooklyn, NY 11201**

Or fax application and document to: **866-424-3835**

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 immédiatement.

ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG.  
 XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY.  
 Questa è un' informazione importante,  
 si prega di tradurla.

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