

Energy Affordability Program Application

Discount rate for eligible residential customers

nationalgrid

Please print in ink, sign at the bottom of the page and return this application to:

ATTN: Energy Affordability Program, 13E
National Grid
1 MetroTech Center
Brooklyn, NY 11201

Last Name:		First Name:	
Street Address:		Apartment#:	
City:	State: NY	Zip:	Tel;#:
National Grid Customer ID or Account#:			
Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

Please check the program from which you now receive assistance:

- Temporary Assistance for Needy Families (Family Assistance)
- Safety Net Assistance – Public Assistance
- Supplemental Security Income (SSI)
- Medicaid
- SNAP (Food Stamps)
- Low Income Home Energy Assistance Program (LIHEAP)
- Veteran’s Disability Pension
- Veteran’s Surviving Spouse Pension
- Child Health Plus

Eligibility Requirements

Please attach a photocopy of **ONE** of the following:

Public Assistance Identification Card, Medicaid Card, Food Stamp Card, award letter from SSI, award letter from LIHEAP, award letter from the Veteran’s Administration, or Child Health Plus Card.

I certify that the above information is correct. I agree that National Grid may contact the Nassau or Suffolk County Social Services Agencies, NYC Community Development Agency, NYC Department of Social Services, the Veteran’s Administration, or any other related agency to verify the information I am submitting.

Signature: _____ Date: _____