

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 NYC Department of Social Services, the NYC Community Development Agency, the Veteran’s Administration, or any other related agency to verify the information I am submitting.

Signature: _____ Date: _____