

Medical Emergency Renewal Proof

For Upstate New York Customers

Dear Valued Customer,

All residential customers applying for a Medical Emergency Renewal are required to provide a financial statement verifying income and expenses before being considered for a Medical Emergency Renewal. Once all required documentation is received, if eligible, a Certificate of Medical Emergency Form will be sent to your Physician's Office. If approved, you will receive a confirmation letter, if denied; you will receive a denial letter. Specific information items required for a Medical Emergency Renewal are listed below. If your social security number appears on any documents that you will be emailing us, please black-out for security purposes. Please submit all that are applicable:

Proof of Income Sources:

- **Pay Stub:** 4 consecutive weeks
- **Letter from Employer:** Printed on company letterhead, signed and dated.
- **Income Tax Return**
- **Business Records**
- **Notarized Letter from employer:** Must show amount.
- **Self Employed:** Signed and dated income tax return and all schedules records of earnings and expenses.
- **Unemployment Benefits:** Award Letter/Benefit Check/Correspondence from NYS
- **Private Pension/Annuities:** Statement from pension/annuity.
- **Social Security:** Award Letter/Benefit Check/Correspondence from Social Security Administration.
- **Child Support/Alimony:** Notarized letter from person providing support, or letter from court, child support/alimony check stub.
- **Workers Compensation:** Award Letter/Check stub.
- **Veterans Benefit:** Award Letter/Benefit check stub/correspondence from Veterans Administration.
- **Military Benefit:** Award Letter/Check Stub
- **Interest/Dividends/Royalties:** Statement from financial institution, notarized letter from broker or agent.
- **Income from Rent/Room and Board:** Notarized letter from roomer/boarder/tenant, rent receipt with date and amount and address, signed valid lease agreement.
- **Support from Others:** Notarized signed statement from person providing support.

Proof of No Income:

- **DSS Denial Letter**
- **Notarized letter from source of rent/housing funding**
- **Notarized letter from family member who is paying living expenses**
- **SNAP Denial Letter/Approval Letter**
- **File Federal Form 4506-T**

Proof of Expenses:

- **Shelter:** (Mortgage, signed valid lease agreement, notarized landlord statement, rent receipt including current date, amount and address, SNAP budget sheet, notarized DSS form, HUD/Sec 8).
- **Real Estate Tax:** Property and school taxes unless included in mortgage.
- **Home Owners/Rental Insurance:** If the home insurance is included in the mortgage, do not include. Receipt for rental insurance.
- **Utilities (Average Bill):** Other Fuel: Provide bill if any other than National Grid.
- **Car Payment:** Monthly car payment.
- **Car Insurance:** Copy of statement.
- **Medical Expenses:** Monthly amount of out-of-pocket expenses for health care, prescriptions which are current and/or are on an installment payment plan (Do not include the total figure of past due debts). Also, include average amount on a monthly basis for health insurance.
- **Child Care Expenses:** Any essential employment-related childcare expenses for the month.
- **Court Ordered:** Monthly expenses such as child support, alimony, or garnished wages.
- **Other Expenses:** Water/sewer and trash removal (if not included in the rent), laundromat services, installment or rental payments on major household appliances such as a stove, refrigerator, washer/dryer. EAF/EAA payback installments, second mortgage or home equity payments if against the primary residence.

Please include your **name, phone number and bill account number** on copies of the supporting documentation.

To expedite, please send documentation by fax or email:

Fax: 315-460-9539

Email: UNYMedProof@nationalgrid.com