

Medical Emergency Renewal Proof

for New York City 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 documentation required for a financial statement is 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: **Email:** box.nycmedproof@nationalgrid.com

Mail: National Grid, Collections, 2 Hanson Pl, Brooklyn NY 11217 **Fax:** 315-460-9084