

Rhode Island Financial Hardship Protection

FINANCIAL HARDSHIP PROTECTION DOCUMENTATION

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.

Dear Customer:

You have received this letter and the enclosed form because your recent claim for Financial Hardship protection. For your account to receive this protection based on your family or group income that is at or below the annual or quarterly gross income levels established for financial hardship, the enclosed form and proof of financial hardship (such as tax returns, 3 months paystubs, or SSDI/SSI award letter within the past year) **must** be completed and returned within seven (7) days of the mailing date on this letter.

Financial Hardship: The Rhode Island Public Utilities Commission's Rules and Regulations Governing the Termination of Residential Electric, Gas and Water Utility Service provide specific protections to financial hardship customers. "Financial hardship category" means "those families or groups of unrelated individuals residing in one dwelling unit with a combined gross income equal to or less than seventy-five percent of the Rhode Island median income as calculated by the U.S. Bureau of Census and as adjusted for family or group size by the U.S. Department of Health and Human Services ["HHS"] regulation 45 CFR Sec.96.85 or its successor regulation." Appendix A to the Rules and Regulations "sets out the Rhode Island median for family or group size and shall be regularly updated in accordance with HHS regulations governing the federal low-income Home Energy Assistance Program." Households can qualify under the financial hardship category based on either their annual income or their income over the most recent three (3) months.

Please return the completed information to the address listed below. We will notify you in writing whether your completed information was either accepted or rejected. Failure to pay current bills or make an arrangement on past-due balances will subject you to collections activity, including termination.

National Grid
mail: Accounts Maintenance & Operations **fax:** 1-866-460-8549
PO Box 960
Northborough, MA 01532-0960

We appreciate the opportunity to service your account. If you have any questions regarding your Financial Hardship protected status or would like to discuss a payment arrangement, please contact the Credit and Collections Department at (888) 211-1313 Monday through Friday between the hours of 7:00 AM – 9:00 PM, or Saturday from 7:00 AM – 5:00 PM.

Sincerely,
National Grid
Credit and Collections Department

FINANCIAL HARDSHIP STATEMENT

Customer Service Contact Center: (800) 322-3223

Name

Date

Address

Account Number

City/Town

NOTE: If you are claiming Financial Hardship under the Rules and Regulations Governing the Termination of Residential Electric, Gas and Water Utility Services, please answer the following questions and return this form to the address shown on your bill within seven (7) days for an initial application and within forty (40) days if this is a renewal. DO NOT ENCLOSE THIS STATEMENT WITH YOUR BILL PAYMENT.

INCOME INFORMATION

<u>Source of Gross Income:</u> Work	() Yes () No	Amount _____	Week _____	Month _____
(for family or group) SSI	() Yes () No	Amount _____	Per Month	
Welfare: AFDC	() Yes () No	Amount _____	Per Semi-Month	
GPA	() Yes () No	Amount _____	Per Week	
Other (Specify)	() Yes () No	Amount _____	Per Two Weeks	

Total number in household _____ Number in household aged 62 or over _____

Number in household handicapped _____

I, the undersigned, do hereby certify that the information provided is complete and the truth, to the best of my knowledge.

Date

Signature

If you have any questions please contact our Customer Service Contact Center at (800) 322-3223, available Monday-Friday between the hours of 7:00 AM – 5:00 PM.

FOR OFFICE USE ONLY:

Date Received _____

Accepted _____ Rejected _____
Company Representative _____

Resubmittal Date _____

Resubmittal Waived _____
Company Representative _____

