



Financial Hardship Statement

for our Massachusetts and Nantucket customers

Customer Name: _____ Phone number: _____

Service Address: _____ City: _____ Zip: _____

National Grid Electric Account: _____ - _____ National Grid Gas Account: _____ - _____

Please list ALL people living in your household (including children). If they receive income, list the income source and amount. (Use the other side of this form to list additional people.)

Name: _____ Date of Birth: _____ Amount: _____

Income Source: _____ Received: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Yearly

Name: _____ Date of Birth: _____ Amount: _____

Income Source: _____ Received: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Yearly

Name: _____ Date of Birth: _____ Amount: _____

Income Source: _____ Received: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Yearly

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Name: _____ Date of Birth: _____ Amount: _____

Income Source: _____ Received: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Yearly

I certify that the information provided above is complete and true to the best of my knowledge.

(National Grid reserves the right to request documents to support this information.)

Signature: _____ **Date:** _____

National Grid offers Discount Rates to customers who receive certain public benefits. Call the Customer Service number on your bill to learn more and to ask for an application.

Please return this form to:
National Grid
300 Erie Blvd W.,
Syracuse, NY 13202
Attn D-1, Protections

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Please use this space to provide information on any additional household members:

Name: _____ Date of Birth: _____ Amount: _____

Income Source: _____ Received: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Yearly

Name: _____ Date of Birth: _____ Amount: _____

Income Source: _____ Received: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Yearly

Name: _____ Date of Birth: _____ Amount: _____

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Name: _____ Date of Birth: _____ Amount: _____

Income Source: _____ Received: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Yearly

Please use this space to provide any additional information:
