



Residential Reduced Rate Application

(Discount Rate for Eligible Residential Customers)

PLEASE PRINT IN INK, SIGN AT THE BOTTOM OF THE PAGE AND RETURN THIS APPLICATION TO:

**NATIONAL GRID
ATTN: Consumer Advocacy
1 Metrotech Center, 13th Fl
Brooklyn, NY 11201**

Last Name: _____ First Name: _____

Street Address: _____ Apartment #: _____

City: _____, NY ZIP: _____ Tel. #: _____

National Grid Customer ID or Account #: _____

Social Security Number: ____ - ____ - ____

Please check the program from which you now receive assistance:

- Home Energy Assistance Program (HEAP)
- Medicaid
- Food Stamps
- Temporary Assistance for Needy Families (Family Assistance)
- Safety Net Assistance - Public Assistance
- Supplemental Security Income (SSI)
- 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 HEAP, 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 the Nassau or Suffolk County Social Services Agencies, NYC Community Development Agency, NYC Department of Social Services, the Veteran's Administration or any other related agency to verify the information I am submitting.

Signature: _____ Date: _____