

Eversource

Discount Rate Application

Significant savings are available to eligible electric customers.

Yes, I would like to apply for Eversource's residential discount rate. **I authorize the agency(s) providing my benefits to release information to Eversource for enrollment and annual re-certification for the discount rate and to notify Eversource if my benefits are discontinued. I also understand that I am required to notify Eversource if my benefits are discontinued.**

Eversource Account Number:

Social Security Number:

Name: _____ Telephone: _____
(Last) (First) (Middle initial)

Address: _____

City: _____ Zip: _____

Eligibility criteria for the discount rate:

- You are a residential customer (primary residence only).
- Your Eversource bill is in your name.
- You are income-eligible for the Low-Income Home Energy Assistance Program (LIHEAP), also known as Fuel Assistance.
- Your household income does not exceed 60 percent of the estimated state median income.
- You are currently receiving benefits under a means-tested program (check all that apply below)

I currently receive one or more benefits from the following programs:

- | | |
|--|--|
| <input type="checkbox"/> Fuel Assistance* | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> MassHealth* | <input type="checkbox"/> Emergency Assistance for the Elderly, Disabled, & Children (EAEDC)* |
| <input type="checkbox"/> Public/Subsidized Housing* | <input type="checkbox"/> Transitional Aid to Families with Dependent Children (TAFDC)* |
| <input type="checkbox"/> Head Start* | <input type="checkbox"/> Veterans' Service Benefits (Chapter 115)* |
| <input type="checkbox"/> SNAP (Food Stamps)* | <input type="checkbox"/> Veterans DIC Surviving Parent or Spouse* |
| <input type="checkbox"/> School Breakfast/Lunch Program* | <input type="checkbox"/> Veterans Non-Service Disability Pension* |

*Please provide proof of benefits (ex. a copy of the certifying agency's acceptance letter).

I certify that all of the information provided on this application is true. I receive benefits from the program(s) indicated and the Eversource residential account above is in my name and I am income-eligible.

Signature: _____

Please mail this application and copies of your eligibility documentation to: Eversource Customer Service Center
1985 Blue Hills Avenue Ext.
Windsor CT 06095-1504
FAX: 800-265-6708

If you have any additional questions, please call our Customer Service Department Monday through Friday, 8:00a.m. - 6:00p.m. at 800-286-2000. Or visit us at www.Eversource.com.

FAX TO: 800-265-6708

This information is important. Please have it translated.