

Holden Municipal Light Department(HMLD) Discount Rate Application.

Savings are available to eligible electric customers

- ☐ Yes, I would like to apply for HMLD's Low-Income Discount Rate. I authorize the agency(s) providing my benefits to release information to HMLD for the purposes of enrollment, for the annual recertification for the Discount Rate, and to notify the company if my benefits are discontinued. I also understand that I must notify HMLD if my benefits are discontinued.

HMLD Account Number:

Social Security Number:

Name _____ Telephone Number _____

Address _____

City _____ State _____ ZIP _____

Eligibility Criteria for the discount rate:

- You are a residential customer (primary dwelling only),
- Your electric bill is in your name,
- You are eligible for the low-income home energy assistance program(LIHEAP), or its successor program, for which eligibility does not exceed 200% of the federal poverty level based on a household's gross income. In a program year in which maximum eligibility for LIHEAP exceeds 200% of the federal poverty level, a household that is income eligible under LIHEAP shall be eligible for the low-income electric discount,
- You are currently receiving benefits under a mean-tested program.

I receive benefits from the following program(s):

- | | | |
|---|---|---|
| <input type="checkbox"/> Emergency Aid to Elders, | <input type="checkbox"/> School Breakfast Program* | <input type="checkbox"/> Veterans DIC Surviving Parent or Spouse* |
| <input type="checkbox"/> Disabled, and Children (EAEDC)* | <input type="checkbox"/> Supplemental Security | |
| <input type="checkbox"/> Food Stamps(SNAP)* | <input type="checkbox"/> Income (SSI)* | <input type="checkbox"/> Veteran's Non-Service* |
| <input type="checkbox"/> Head Start* | <input type="checkbox"/> Transitional Aid to Families | <input type="checkbox"/> Disability Pension |
| <input type="checkbox"/> MassHealth (Medicaid) | <input type="checkbox"/> w/ Depend. Children(TAFDC) | <input type="checkbox"/> Fuel Assistance |
| <input type="checkbox"/> National School Lunch Program (WIC)* | <input type="checkbox"/> Veterans Service Benefits* (Chapter 115) | <input type="checkbox"/> Women, Infants and Children |
| <input type="checkbox"/> Public Housing* | | |

*Please provide proof of benefits. Acceptable forms of proof include a program I.D. card or 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 HMLD residential account above is in my name, and I am eligible.

Signature _____ Date _____

Please mail or fax, your eligibility documentation:

HMLD, One Holden Street, Holden, MA 01520, Attention: Collections, fax: 508-210-5407

If you have any additional questions, please call 1-508-210-5408.