## **Eversource**

## **Discount Rate Application**

Significant savings are available to eligible electric customers.

| benefits to release information  | to Eversource for enrollment and benefits are discontinued. I also u           | . Ilauthorize the agency(s) providing my lannual re-certification for the discount rate inderstand that I am required to notify |  |
|--|--|---|--|
| Eversource Account Number:   | Soc  | ial Security Number:  |  |
|  |  |   |  |
| Name:  | (First) (Middle in   | Telephone: — — —  |  |
| Address:   |  |   |  |
|  |  |   |  |
| City: — — — — — — — — — — — — — — — — — — —  | Zi   | p: ——————   |  |
| Eligibility criteria for the disco   | unt rate:  |   |  |
| You are a residential customer   |  |   |  |
| <ul> <li>Your Eversource bill is in your</li> <li>You are income-eligible for the</li> </ul>   |  | ce Program (LIHEAP), also known as Fuel   |  |
| Assistance.  | > Low-income Florile Energy Assistan   | ce Program (LIHEAP), also known as Fuel   |  |
| <ul> <li>Your household income does not exceed 60 percent of the estimated state median income.</li> <li>You are currently receiving benefits under a means-tested program (check all that apply below)</li> </ul> |  |   |  |
|  |  |   |  |
| I currently receive one or more  | benefits from the following pro  | grams:  |  |
| ☐ Fuel Assistance*   | Supplemental Sec   | curity Income (SSI)   |  |
| ☐ MassHealth*  | Emergency Assista  | ance for the Elderly, Disabled, & Children (EAEDC)*   |  |
| Public/Subsidized Housing  | ng* Transitional Aid to  | Families with Dependent Children (TAFDC)*   |  |
| ☐ Head Start*  | ☐ Veterans' Service  | ☐ Veterans' Service Benefits (Chapter 115)*   |  |
| SNAP (Food Stamps)*  | ☐ Veterans DIC Sun   | ☐ Veterans DIC Surviving Parent or Spouse*  |  |
| School Breakfast/Lunch Pr  |  | ☐ Veterans Non-Service Disability Pension*  |  |
| *Please provide proof of benefits (ex. a copy of   | of the certifying agency's acceptance letter                                   | ).  |  |
| I certify that all of the information prov<br>the Eversource residential account above   | ided on this application is true. I rec<br>ve is in my name and I am income-el | ceive benefits from the program(s) indicated and igible.  |  |
| Signature: ——————  |  |   |  |
| Please mail this application and copies of   | f your eligibility documentation to:   | Eversource Customer Service Center<br>1985 Blue Hills Avenue Ext.<br>Windsor CT 06095-1504<br>FAX: 800-265-6708                 |  |
| If you have any additional questions, ple 8:00a.m6:00p.m. at 800-286-2000.   | ease call our Customer Service Depa<br>Or visit us at www.Eversource.com       | rtment Monday through Friday,<br>n.   |  |

FAX TO: 800-265-6708

This information is important. Please have it translated.