

CHICOPEE ELECTRIC
LIGHT



FINANCIAL HARDSHIP APPLICATION

If you are having difficulty making payments on your electric bill with Chicopee Electric Light, please contact us at 594-2400. Chicopee Electric Light is willing to help you with a payment plan.

Chicopee Electric Light will not shut off your utility service if you have a Financial Hardship **and** meet one or more of the following items.

- **Someone living in your home is seriously ill.** You must have a current signed serious illness form that meets qualifications completed by a doctor on file with Chicopee Electric Light.
- **A child under twelve (12) months of age is living in your home.** A copy of the birth certificate is required to be on file with Chicopee Electric Light to qualify.
- **If all residents in the home are age 65 years and older.** Please call us to qualify at 594-2400.

NOTE: Your service will not be disconnected between the period of November 15 and March 15 if the utility service provides your primary source of home heating.

If you are claiming "Financial Hardship" under Massachusetts General Laws, Chapter 164 section 124A or 124F, please provide the following information and return this form within seven (7) days to:

Chicopee Electric Light
Attn: Customer Service
725 Front St
Chicopee, MA 01020
413-594-2400

1. Customer Information (required)

Name _____

Service Address _____

Daytime Phone _____

Social Security # _____

Account # _____

2. Financial Information (required)

Number of people living in home _____

Total Family Income (before taxes)

\$ _____

Receive Section 8 _____ Yes, _____ No

Do you _____ Own your home, _____ rent

Have you applied for fuel assistance?

_____ No, _____ Yes, Date sent _____

3. Description of Need (check one or more as they apply to the household)

____ Someone qualifies for serious illness

____ A child living in the home is under twelve (12) months old.

____ It is between November 15 and March 15 and your electric service provides heat or operates the heating system and your service has not been shut off before November 15.

____ Other, please describe in detail:

NOTICE: While under hardship protection, payment to Chicopee Electric Light is still required. Please call to schedule a payment plan.

4. Your Signature (required)

I, the undersigned, do hereby certify that the information provided is complete and the truth, to the best of my knowledge.

Signed _____

Date _____

Printed Name _____