

Financial Hardship Statement

NOTE: If you are claiming Financial Hardship under the Rules and Regulations Governing the Termination of Residential Electric, Gas and Water Utility Services, please answer the following questions and return this form to: Pascoag Utility District, 253 Pascoag Main Street, PO Box 107 Pascoag, RI within (7) days for an initial application and within (40) days if this is a renewal.
DO NOT ENCLOSE THIS STATEMENT WITH YOUR BILL PAYMENT.

Contact

Name	Date
Address	Electric Account Number
City/Town	Phone Number

Income

In order to qualify, you must provide proof of income, age and handicap as applicable

Source	() Yes () No	Frequency	Gross Household Income
Work	() Yes () No	Weekly	\$
Unemployment	() Yes () No	Bi-Weekly	\$
SSI	() Yes () No	Monthly	\$
SSDI	() Yes () No		
AFDC	() Yes () No		
GPA	() Yes () No		
Other: Specify			

Household

Total Number in household: _____

Number of adults age 62 or over: _____

Number of household handicapped: _____

Number of infants under 24 months: _____

Acknowledgment

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

Name	Date
------	------

For Office Use Only

Date Received _____ Accepted _____ Rejected _____

Resubmittal Date _____ Pascoag Utility Representative _____