



Please mail to:
Pascoag Utility District
PO Box 107, Pascoag, RI 02859

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 within (7) days for an initial application and within (40) days if this is a renewal.

Please note: This is not a rate reduction.

Customer Information:

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-please check boxes

Source	Yes	No
Work		
Unemployment		
SSI		
SSDI		
AFDC		
GPA		
Other: Please Specify _____		

Gross <u>Household</u> Income	
Weekly:	\$ _____
Bi-Weekly:	\$ _____
Monthly:	\$ _____

Household Information	
Total Number in Household:	_____
Number of Adults age 62 or over:	_____
Number of Household Handicapped:	_____
Number of Infants Under 24 Months Old	_____

Acknowledgement

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

Signature: _____

Date signed: _____

For Office Use Only:

Date Received: _____

Accepted: _____

Rejected: _____

Resubmittal Date: _____

Pascoag Utility Representative: _____

Pascoag Utility District requires this form to be submitted annually to recertify that you meet Financial Hardship criteria in order to maintain the protection.