



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	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>
SSI	<input type="checkbox"/>	<input type="checkbox"/>
SSDI	<input type="checkbox"/>	<input type="checkbox"/>
AFDC	<input type="checkbox"/>	<input type="checkbox"/>
GPA	<input type="checkbox"/>	<input type="checkbox"/>
Other: Please Specify	<input type="checkbox"/>	<input type="checkbox"/>

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

<u>Household Information</u>	
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.