



Liberty Utilities®

Yes, I would like to apply for Liberty Utilities' Low-Income Discount Rate. I authorize the agency(s) providing my benefits to release information to Liberty Utilities for the purpose of enrollment and annual recertification for the Discount Rate and to notify the company if my benefits are discontinued. I also understand that I must notify Liberty Utilities if my benefits are discontinued.

Account Number _____ Social Security Number _____

Name _____ Telephone Number _____

Address _____

City _____ State _____ ZIP _____

Eligibility criteria for the discount rate:

- You are a residential customer (primary residence only);
- Your gas bill is in your name; and
- Either you are eligible for the low-income home energy assistance program (LIHEAP), or its successor program, for which eligibility does not exceed 60% of the state median income level based on a household's gross income,
- Or you are currently receiving benefits under a means-tested program (CFC, Self-Help, Inc., etc.)

Please check all programs that you are currently receiving benefits from:

<input type="checkbox"/> Emergency Aid to Elders, Disabled, and Children (EAEDC)*	<input type="checkbox"/> School Breakfast Program*	<input type="checkbox"/> Veterans DIC Surviving Parent or Spouse*
<input type="checkbox"/> Food Stamps (SNAP)*	<input type="checkbox"/> Supplemental Security Income (SSI)*	<input type="checkbox"/> Veterans Non Service Disability Pension*
<input type="checkbox"/> Head Start*	<input type="checkbox"/> Transitional Aid to Families with Dependent Children (TAFDC)*	<input type="checkbox"/> Fuel Assistance*
<input type="checkbox"/> MassHealth (Medicaid)*	<input type="checkbox"/> Veterans' Service Benefits (Chapter 115)*	<input type="checkbox"/> Women, Infants and Children (WIC)*
<input type="checkbox"/> National School Lunch Program*		
<input type="checkbox"/> Public Housing*		

* Please provide proof of benefits. Acceptable forms include a copy of the certifying agency's acceptance letter.

I certify that all of the information provided on this application is true. I receive benefits from the program(s) indicated, the Liberty Utilities residential account above is in my name, and I am income eligible. (Certification required quarterly.)

Signature _____ Date _____

Please complete form and (a) return it to the Customer Care Center at our offices on 36 Fifth Street, (b) fax to (508) 730-2332, or (c) mail to: Liberty Utilities, Special Protections, P.O. Box 911, Fall River, MA 02722.