



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:

Emergency Aid to Elders, Disabled, and Children (EAEDC)*
 Food Stamps (SNAP)*
 Head Start*
 MassHealth (Medicaid)*
 National School Lunch Program*
 Public Housing*

School Breakfast Program*
 Supplemental Security Income (SSI)*
 Transitional Aid to Families with Dependent Children (TAFDC)*
 Veterans' Service Benefits (Chapter 115)*

Veterans DIC Surviving Parent or Spouse*
 Veterans Non Service Disability Pension*
 Fuel Assistance*
 Women, Infants and Children (WIC)*

* 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.