



TOWN OF CONCORD MUNICIPAL UTILITIES

ELECTRIC | WATER | SEWER | TELECOMMUNICATIONS

1175 Elm Street, PO Box 1029 / Concord, Massachusetts 01742

(P) 978-318-3101 / (F) 978-318-3105

concordutilities@concordma.gov

Financial Hardship Certification

Financial Hardship exists when a customer is unable to pay an overdue bill **AND** they meet income eligibility requirements for the **Low Income Home Energy Assistance Program (LIHEAP)** administered by the Department of Housing and Community Development or their total household income of *all adults* does not exceed 60% of the state median income **AND** they fall under one of these specific qualifying events; *Infant, Elderly, Winter Moratorium, or Serious Illness.*

- Any customer who has proof of LIHEAP/SMOC benefit is automatically presumed to have a financial hardship
- Any customer who is presently receiving Concord Municipal Light Plant reduced rate is presumed to have a financial hardship

\$_____ Combined annual household income from all persons living in the home to include: wages, child support, alimony, IRA's, retirement benefits, social security, supplemental security income (SSI), permanent social security disability income (SSDI), VA Benefits, gross rental income, gross business income, and interest income from savings, bonds, annuities, etc.

Income verification requires copies of tax returns for all persons living in the home. In lieu of tax returns customer must apply for LIHEAP (SMOC) benefits and have LIHEAP validate income eligibility. **To learn more or apply to LIHEAP**, call the local office at 1-508-620-2333

Please check qualifying protection:

- Infant
- Serious Illness
- Elderly
- Winter Moratorium

Electric Account Number:

Applicant Name: _____

Mailing Address: _____

Town: _____ Zip: _____

Telephone: _____ - _____ - _____

Email Address: _____

_____ # Adults living in home (18+)

_____ # Children living in home (under 18)

Infant • An infant under the age of 12 months must be living in the household • Customer must submit birth certificate, baptismal certificate, or other reasonable proof of age • Customer must complete and submit this Financial Hardship application.

Elderly • All adult household members must be 65 or older • No proof of financial hardship required

Winter Moratorium • Applies to electricity (if used to operate furnace, boiler, thermostats, or heating controls) • Runs from November 15 – March 15 • Customer must complete and submit **Financial Hardship Certification application** and demonstrate financial hardship within 7 days of claim

Serious Illness • Must show that someone residing in home is seriously ill by **1)** a doctor, physician’s assistant, nurse practitioner or local board of health **must call** Concord Municipal Utilities and state the “Serious Illness or “Chronic Illness” claim, **AND 2)** within 7 days from today the Doctor must submit to CMLP in writing stating whether the illness is “Serious” or “Chronic”, and include the patient name and address, **AND 3)** within 7 days the customer must complete and submit this Financial Hardship application • Letter and Certification form must be renewed every 90 days for “Serious” illness or every 180 days for “Chronic” illness.

Customer must take the following steps for Serious Illness Claim:

- You must contact your doctor, physician’s assistant, nurse practitioner, or the local Board of Health and explain your situation. Ask them to immediately contact Concord Municipal Utilities by phone 978-318-3101 and tell us that you or someone in your household is seriously ill. Make sure the doctor or Board of Health has your name and address to give to us.
- Within 7 days of this initial phone contact, the doctor or Board of Health must send a letter to Concord Municipal Utilities certifying the illness.
 - If it is a chronic or long-term illness, the doctor should include the words "chronic illness" in the letter. A letter that states that the illness is a "chronic illness" will result in 180 days of protection before you have to renew, while a letter that does not state this will result in only 90 days of protection.
 - Your doctor, physician’s assistant, nurse practitioner, or the Board of Health will need to send a new letter at the end of the protected period (180 days for an illness certified as chronic and 90 days for an illness not certified as serious). Serious illness letters can be renewed for as long as the illness persists.
- Within 7 days of this initial phone contact, you must complete and submit this form as proof that you are unable to pay the amount you owe.

NOTE

After the 7 day period, if all requirements are not met customer may be subject to disconnection of service