

**nationalgrid**

# Financial Hardship Statement

for our Massachusetts and Nantucket customers

Customer Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Service Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

National Grid Electric Account: \_\_\_\_\_ - \_\_\_\_\_ National Grid Gas Account: \_\_\_\_\_ - \_\_\_\_\_

**Please list ALL people living in your household (including children). If they receive income, list the income source and amount.** (Use the other side of this form to list additional people.)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Amount: \_\_\_\_\_

Income Source: \_\_\_\_\_ Received:  Weekly  Bi-Weekly  Monthly  Yearly

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Amount: \_\_\_\_\_

Income Source: \_\_\_\_\_ Received:  Weekly  Bi-Weekly  Monthly  Yearly

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Amount: \_\_\_\_\_

Income Source: \_\_\_\_\_ Received:  Weekly  Bi-Weekly  Monthly  Yearly

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Amount: \_\_\_\_\_

Income Source: \_\_\_\_\_ Received:  Weekly  Bi-Weekly  Monthly  Yearly

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Amount: \_\_\_\_\_

Income Source: \_\_\_\_\_ Received:  Weekly  Bi-Weekly  Monthly  Yearly

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Amount: \_\_\_\_\_

Income Source: \_\_\_\_\_ Received:  Weekly  Bi-Weekly  Monthly  Yearly

**I certify that the information provided above is complete and true to the best of my knowledge.**

(National Grid reserves the right to request documents to support this information.)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

National Grid offers Discount Rates to customers who receive certain public benefits. Call the Customer Service number on your bill to learn more and to ask for an application.

**Please return this form to:  
National Grid  
300 Erie Blvd W.,  
Syracuse, NY 13202  
Attn D-1, Protections**



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**Please use this space to provide information on any additional household members:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Amount: \_\_\_\_\_

Income Source: \_\_\_\_\_ Received:  Weekly  Bi-Weekly  Monthly  Yearly

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Amount: \_\_\_\_\_

Income Source: \_\_\_\_\_ Received:  Weekly  Bi-Weekly  Monthly  Yearly

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Amount: \_\_\_\_\_

Income Source: \_\_\_\_\_ Received:  Weekly  Bi-Weekly  Monthly  Yearly

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Amount: \_\_\_\_\_

Income Source: \_\_\_\_\_ Received:  Weekly  Bi-Weekly  Monthly  Yearly

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Amount: \_\_\_\_\_

Income Source: \_\_\_\_\_ Received:  Weekly  Bi-Weekly  Monthly  Yearly

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Amount: \_\_\_\_\_

Income Source: \_\_\_\_\_ Received:  Weekly  Bi-Weekly  Monthly  Yearly

**Please use this space to provide any additional information:**

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