

CONCORD MUNICIPAL LIGHT PLANT

RESIDENTIAL ASSISTANCE RATE APPLICATION

I would like to apply for CMLP's residential assistance discount rate which is a credit of 0.08883 per kWh used each month.

I authorize the agency(s) providing my benefits to release information to CMLP for enrollment and annual re-certification for the discount rate. I also understand that I am required to notify CMLP if my benefits are changed and/or discontinued.

CMLP Account Number:

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Social Security-Number:

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Name: _____

Telephone: () _____ - _____

Address: _____

City: _____ Zip: _____

Email Address: _____

Eligibility Criteria:

- You are a legal Concord resident (primary residence *only*) **and**
- Your CMLP electric bill is in *your* name **and**
- Your gross household earnings does not exceed 60 percent (60%) of the estimated state median income **and** you are currently receiving benefits under a means-tested program below (check all that apply below)

I currently receive one or more benefits from the following programs:

- | | |
|---|---|
| <input type="checkbox"/> Fuel Assistance (SMOC/LIHEAP) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Public/Subsidized Housing | <input type="checkbox"/> Transitional Aid to Families with Dependent Children (TAFDC) |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Veterans Service Benefits (Chapter 115) |
| <input type="checkbox"/> Food Stamps (SNAP/WIC) | <input type="checkbox"/> Veterans DIC Surviving Parent or Spouse |
| <input type="checkbox"/> School Breakfast/Lunch Program | <input type="checkbox"/> Veterans Non-Service Disability Pension |
| <input type="checkbox"/> Emergency Assistance for the Elderly, Disabled, & Children (EAEDC) | |

PROOF OF BENEFITS MUST BE ENCLOSED WITHOUT PROOF YOUR APPLICATION WILL NOT BE ACCEPTED

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

Signature: _____ Date: ____/____/____

Mail application and copies of eligibility documentation in the enclosed self-addressed stamped envelope to:



Concord Municipal Light Plant
1175 Elm Street * P.O. Box 1029
Concord, MA. 01742-1029

If you have additional questions, please call us Monday – Friday 8:00 a.m. – 4:30 p.m. at (978) 318-3153

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RESIDENTIAL ASSISTANCE RATE APPLICATION

PROOF OF BENEFITS LIST DESCRIPTION

Public/Subsidized Housing

- Concord Housing is landlord no application required
- Section 8 recipients require benefit letter from state

SMOC – South Middlesex Opportunity Council / LIHEAP – Low Income Home Energy Assistance Program

- Requires copy of acceptance letter to customer from LIHEAP

SNAP - Food Stamps

- Requires copy of letter from WIC indicating customer has or is approved to receive benefits. We can not accept copy of cards

WIC – Woman, Infants, and Children

- Requires copy of letter from WIC indicating customer has or is approved to receive benefits

Head Start

- Requires letter indicating child/children are enrolled in program

School Lunch/Breakfast Program

- Requires letter from school indicating child/children are enrolled in program

EAEDC – Emergency Assistance for the Elderly, Disabled, & Children

- Requires letter from state indicating customer has or is approved to receive benefits, must include financial criteria

TAFDC – Transitional aid to Families with Dependent children

- Requires letter from state indicating customer has or is approved to receive benefits, must include financial criteria

SSI - Supplemental Security Income - Recipients receive SSI when their condition prevents them from working to supplement their income.

- Requires letter from SSI indicating customer is receiving benefits

Veterans Service Benefits (chapter 115) *or* Veterans DIC Surviving Parent or Spouse *or* Veterans Non-Service Disability Pension

- For any of these (3) Dick Krug - Veterans Coordinator can call with confirmation

**Fiscal Year 2015 Low-Income Home Energy Assistance Program (LIHEAP)
Income Eligibility and Benefit Chart**

Family Size (# of people in the household)	100% of Federal Poverty Level	125% of Federal Poverty Level	150% of Federal Poverty Level	175% of Federal Poverty Level	200% of Federal Poverty Level	60% of Estimated State Median Income
1	\$ 11,670	\$ 14,588	\$ 17,505	\$ 20,423	\$ 23,340	\$ 32,618
2	\$ 15,730	\$ 19,663	\$ 23,595	\$ 27,528	\$ 31,460	\$ 42,654
3	\$ 19,790	\$ 24,738	\$ 29,685	\$ 34,633	\$ 39,580	\$ 52,691
4	\$ 23,850	\$ 29,813	\$ 35,775	\$ 41,738	\$ 47,700	\$ 62,727
5	\$ 27,910	\$ 34,888	\$ 41,865	\$ 48,843	\$ 55,820	\$ 72,763
6	\$ 31,970	\$ 39,963	\$ 47,955	\$ 55,948	\$ 63,940	\$ 82,800
7	\$ 36,030	\$ 45,038	\$ 54,045	\$ 63,053	\$ 72,060	\$ 84,681
8	\$ 40,090	\$ 50,113	\$ 60,135	\$ 70,158	\$ 80,180	\$ 86,563
9	\$ 44,150	\$ 55,188	\$ 66,225	\$ 77,263	\$ 88,300	\$ 88,445
10	\$ 48,210	\$ 60,263	\$ 72,315	\$ 84,368	\$ 90,327	\$ 90,327
11	\$ 52,270	\$ 65,338	\$ 78,405	\$ 91,473	\$ 92,209	\$ 92,209
12	\$ 56,330	\$ 70,413	\$ 84,495	\$ 94,091	\$ 94,091	\$ 94,091
13	\$ 60,390	\$ 75,488	\$ 90,585	\$ 95,972	\$ 95,972	\$ 95,972
14	\$ 64,450	\$ 80,563	\$ 96,675	\$ 97,854	\$ 97,854	\$ 97,854
15	\$ 68,510	\$ 85,638	\$ 99,736	\$ 99,736	\$ 99,736	\$ 99,736
16	\$ 72,570	\$ 90,713	\$ 101,618	\$ 101,618	\$ 101,618	\$ 101,618
17	\$ 76,630	\$ 95,788	\$ 103,500	\$ 103,500	\$ 103,500	\$ 103,500
LIHEAP Benefits for Homeowners and Non-Subsidized Housing Tenants						
Deliverable Fuel (Oil, Propane, Kerosene & Other)	\$ 1095	\$ 965	\$ 850	\$ 750	\$ 750	\$ 660
Utility and Heat-Included-in-Rent	\$ 770	\$ 680	\$ 600	\$ 530	\$ 530	\$ 465
High Energy Cost Supplement	\$ 100	\$ 90	\$ 80	\$ 70	\$ 70	\$ 60
LIHEAP Benefits for Subsidized Housing Tenants						
Deliverable Fuel (Oil, Propane, Kerosene & Other)	\$ 765	\$ 675	\$ 635	\$ 525	\$ 525	\$ 460
Utility & Heat-Included-in-Rent	\$ 540	\$ 475	\$ 420	\$ 380	\$ 380	\$ 325
High Energy Cost Supplement	\$ 100	\$ 90	\$ 80	\$ 70	\$ 70	\$ 60
High Energy Cost Supplement Thresholds						
Heating Oil & Propane:	\$ 1,910		Natural Gas:	\$ 1,125	Other:	\$ 1,120
Kerosene:	\$ 1,525		Electricity:	\$ 1,420		

Notes: Contact DHCD to determine income eligibility for a family of 18 and above.

Sources: "Annual Update of the HHS Poverty Guidelines", Federal Register, 2014-01303, Wednesday, January 22, 2014 and

"Notice of LIHEAP State Median Income Estimates for FFY 2015", Federal Register, 2014-42331, Monday, July 21, 2014.