

SHUT OFF PROTECTION

Serious Illness or Personal Safety

Electric, Gas, and Water

Electric, gas, and *private* water companies cannot shut off your service if you, your child, or someone else in your household is **seriously ill** AND you cannot afford to pay your bills because of financial hardship. Serious illness can include psychiatric health problems such as major depression, anxiety disorder, Post-Traumatic Stress Disorder (PTSD), and Attention Deficit Hyperactivity Disorder (ADHD). It can also include **chronic physical** health problems such as diabetes, asthma, and fibromyalgia. Or, it can be a temporary serious illness such as pneumonia or the flu.

To protect yourself against a shut-off, you should take the following steps as soon as possible:

- 1) Contact your doctor, physician's assistant, nurse practitioner, or the local Board of Health and explain your situation. Ask them to immediately contact the utility company by phone and tell the company that you are or someone in your household is seriously ill. Make sure the doctor or Board of Health has your name and address to give to the utility.
 - i) Within seven days of this initial phone contact, the doctor or Board of Health must send a letter to the utility company certifying the illness. Tell your doctor to include the words "**serious illness**" in the letter and to describe 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 (6-months) of protection before you have to renew, while a letter that does not state this will result in only 90 days (3-months) of protection.
 - ii) Contact the company and ask them to send you a financial hardship form. You must complete and submit this form as proof that you are unable to pay the amount you owe.
- 2) 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 a chronic and 90 days for serious illness). You can have a doctor or the Board of Health renew serious illness letters for as long as you need help.

Wireline Telephone

Telephone customers are eligible for a similar "serious illness" protection. However, the doctor's letter must be renewed every 30 days even if the illness is specified as chronic, with a maximum of two renewals (a maximum total of 90 days of protection). By the end of the protection period, you must either pay the total amount owed or enter into a payment plan with the company in order to prevent shut-off.

You can also receive up to 30 days of protection when there is a "personal emergency" in which lack of access to a phone endangers the health or safety of a household member.

A personal emergency can include domestic violence or threats from a past abuser, or any other crisis or threat that requires access to a phone. If you need protection from shut-off because of an emergency, you must write a letter to the company explaining your emergency and why you are unable to pay your bills. You should also call the company and alert a Customer Service representative to your situation. By the end of the 30-day protection period, you must either pay the amount that you owe or enter into a payment plan with the company.

If you have difficulty getting a phone company to protect your account from shut-off based on a serious illness or personal emergency, [call the DTC Consumer Division](#). Even though there are regulations that set certain time limits as to when the telephone company is required to give protection, if you need protection you should try to persuade the company to extend the protection period.

Winter Protection

Electric and Gas

Electric and gas companies cannot shut off your service between November 15 and March 15 if you cannot afford to pay your utility bills and if the service is used to heat your house. This March 15 end-date is often extended to April 1 by the DPU.

To get the protection, you need only to fill out a financial hardship form.

**If you are presently receiving Reduced Rates with CMLP you are automatically protected from shut off during the winter moratorium period*

Families with Infants

Electric, Gas, and Water

Electric, gas, and *private* water companies cannot shut off your service if you cannot afford to pay your bill and if there is an infant under one year old living in your house.

To protect yourself against a shut-off, you should take the following steps as soon as possible:

- 1) Submit a financial hardship form
- 2) You must also prove your child's age, through a birth certificate, letter, or official document from a physician, hospital, government agency, clergyman, or religious institution.

Elderly Households

Electric, Gas, Water, and Telephone

If you and all the adult members of your household are 65 years or older, AND you have notified the utility company in writing. Your service cannot be shut off with a hearing before the DPU. If the elderly household is also low-income, the prohibition on terminating service is definite.

Companies must allow elderly households to identify a third-party contact person who can warn them if a utility company threatens to shut off service. To get this protection, contact your utility company and ask for a **Third Party Notification Form**. You can name a friend, relative, or home-care provider as a third party. After you give a company this form, the company must then notify your third party of all overdue bills and shut-off notices. This third party is not legally responsible for paying your bill.

To protect yourself against a shut-off, you should take the following steps as soon as possible:

- 1) Notify the utility company if every adult in your household is 65 or older

**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.

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:

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

Social Security-Number:

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

CONCORD MUNICIPAL LIGHT PLANT

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.

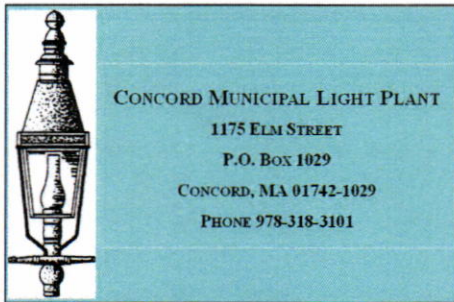
- Requires letter from SSI indicating customer is receiving benefits

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



Financial Hardship Form

A financial hardship exists when a customer is unable to pay an overdue bill **and** such customer meets income eligibility requirements for the Low-Income Home Energy Assistance Program (LIHEAP) administered by the Massachusetts Department of Housing and Community Development or its successor. Total household income cannot exceed 60% of the state median income.

Please check one:

 I am a Concord resident with a financial hardship and there is a seriously ill resident living at the address listed below as provided by Massachusetts General Laws, Chapter 164, Section 124A

 I am a Concord resident with a financial hardship and there is a child under 12 months old who is a resident living at the address listed below as provided by Massachusetts General Laws, Chapter 164, Section 124H. I have provided a photocopy of child's birth certificate or baptismal certificate with this form.

 I am a Concord resident with a financial hardship and my service provides heat or operates the heating system and has not been shut off for nonpayment before November 15th as provided by Massachusetts General Laws, Chapter 164, Section 124F. **Protection applies for Winter Moratorium November 15th thru March 15th period only.**

If you are claiming *Financial Hardship* under Massachusetts General Laws, Chapter 164, please provide the following information and return this form to the above address within seven days.

Customer Name

_____-_____-_____
Phone Number

Account Number

Social Security Number

Service Address

City

State

Zip

Total Annual Family Income
(Before taxes to include all sources; wages, tips, commissions, interest, alimony, welfare, etc.)

Number of People living in home

Signature

_____/_____/_____
Date



CONCORD MUNICIPAL LIGHT PLANT
1175 ELM STREET
P.O. BOX 1029
CONCORD, MA 01742-1029
PHONE 978-318-3101

ELDERLY PROTECTION FORM
(Age 65 or Older)

Customer of Record: _____

Service Location: _____

Phone Number: () _____ - _____

Account Number: _____

Names of other adult residents in household:

Name _____ Date of birth ____/____/____

Name _____ Date of birth ____/____/____

Name _____ Date of birth ____/____/____

Name _____ Date of birth ____/____/____

I hereby certify that my household meets the requirements for Elderly Protection and that all the information I've provided is true and accurate. I hereby certify that I am the customer of record for the account specified above, and that I, and every other resident of my household are 65 years of age or older.

I understand while under protection, payment to Concord Municipal Light Plant is still required in a timely manner.

Signature _____ Date ____/____/____

CONCORD MUNICIPAL LIGHT PLANT
Request for Third-Party Notification Service

Companies must allow elderly households to identify a third-party contact person who can warn them if a utility company threatens to shut off service. You can name a friend, relative, or home-care provider as a third party.

CMLP does not shut off elderly households that have notified us of their situation we do send out overdue notice reminders. If you would like a third-party notified of these reminders complete the form below and submit it to us. Once we receive this form, we will then notify your third party of all overdue bills. This third party is **not** legally responsible for paying your bill.

PLEASE COMPLETE IN FULL. REQUIRES SIGNATURE OF BOTH CUSTOMER AND THIRD-PARTY

Customer: _____

Account Number: _____

Phone: _____ - _____ - _____

Mailing Address: _____

City/State/Zip: _____

I request that the designated Third Party be notified in case of nonpayment of my CMLP bill.

Signature: _____

Third-Party Name: _____

Phone: _____ - _____ - _____

Mailing Address: _____

City/State/Zip: _____

I understand that I am not obligated to pay any part of the customer's bill.

Signature: _____

CMLP cannot be held liable for failure to notify Third-Party