

**LOW INCOME RATE APPLICATION**

**Savings are available to eligible electric customers.**

Yes, I would like to apply for Reading Municipal Light Department’s Low Income Rate. I authorize the agency (s) providing my benefits to release information to the Reading Municipal Light Department (RMLD) for the purposes of enrollment, for the annual recertification for the Low Income Rate and to notify the RMLD if my benefits are discontinued. I also understand that I, too, must notify the RMLD if my benefits are discontinued.

RMLD Account Number: \_\_\_\_\_ - \_\_\_\_\_      Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
 Name: \_\_\_\_\_      Telephone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_      Cell: \_\_\_\_\_  
 Town: R NR W L      Zip: \_\_\_\_\_      Email: \_\_\_\_\_

**RMLD Eligibility Criteria for the Low Income Rate:**

- You are a residential customer (primary dwelling only) and you are the customer of record.
- You are eligible for the low-income home energy assistance program (LIHEAP), for which eligibility does not exceed 200% of the federal poverty level based on a household’s gross income. In a calendar year in which maximum eligibility for LIHEAP exceeds 200% of the federal poverty level, a household that is income eligible under LIHEAP shall be eligible for the Reading Municipal Light Department’s Low Income Rate.
- You are currently receiving benefits under a means-tested program.

**I Receive Benefits from the following program(s):**

- Emergency Aid to Elders, Disabled and Children (EAEDC)\*     Fuel Assistance
- Veterans DIC Surviving Parent or Spouse     Veterans Non-Service Disability Pension\*
- Food Stamps (SNAP)\*       Head Start\*       School Breakfast Program\*
- MassHealth (Medicaid)\*     Women, Infants and Children (WIC)\*
- National School Lunch Program\*     Supplemental Security Income\*
- Public Housing     Transitional Aid to Families with Dependent Children (TAFDC)\*
- Veterans’ Service Benefits\* (Chapter 115)

\*Please provide proof of benefits to the RMLD. Acceptable forms of proof include a program I.D. card or copy of the certifying agency's acceptance letter.

I certify that all of the information provided on this application is true. I am currently receiving benefits from the program(s) indicated.

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

**Please mail or fax, your eligibility documentation:**

Reading Municipal Light Department, Attention: Maureen K. Hanifan, 230 Ash Street, Reading, MA 01867-0250

Fax: 781-944-0614

If you have any additional questions, please call our Customer Service Specialists at 781-944-1340 available Monday - Friday, 8:00 am-4:30 pm

MKH 6/30/2014 11:08 a.m.