

Concord Light

1175 Elm Street
P.O. Box 1029
Concord, MA
01742

*If you have
questions, please
call us at
978-318-3101*

Residential Assistance Rate Application

To be eligible for this rate:

- Your gross household income must not exceed 60% of estimated State median income. (Gross Earnings include pension, Social Security & other);
- You must be a legal resident of Concord;
- You are a residential customer (primary dwelling only);
- Your electric bill is in your name; AND
- You are currently receiving benefits under one of the following programs: EAEDC, Food Stamps, Head Start, Mass Commission for the Blind Benefits, National School Lunch Program, Public Housing, School Breakfast Program, Supplemental Security Income, TAFDC, Veterans Chapter 115 Benefits, Veterans DIC Surviving Parent, Veterans Non-Service Pension, SMOC Fuel Assistance (includes receipt of benefits or verification of eligibility for the program)

This electric rate will not affect the benefits you currently receive and will reduce your electric bill.

YES! I would like to apply for the Residential Assistance Rate.

I authorize the agency providing me benefits to:

1. Release information to Concord Light for enrollment and annual recertification in the discounted electric rate.
2. Notify Concord Light if my benefits are discontinued.

I understand that I am also required to notify Concord Light if my benefits are discontinued. Residential Assistance Rate eligibility must be renewed each year by completing an application provided by Concord Light.

LAST NAME (PLEASE PRINT)

FIRST NAME

ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

SOCIAL SECURITY NUMBER

CMLP ACCOUNT NUMBER

SIGNATURE

DATE

NO. OF RESIDENTS IN HOME

I am currently receiving benefits under the following programs and have attached written verification (please check):

Supplemental
Income

TAFDC

EAEDC

Food Stamps

Public Housing

Head Start

Veterans Non-
Service Pension

Veterans Chapter
115 Benefits

Veterans DIC
Surviving Parent

Fuel Assistance (SMOC)
Application # _____

National School
Lunch Program

School Breakfast
Program

Mass Commission for
the Blind Benefits

A recent proof of benefits, along with your application, is required for the above programs

AGENCY NAME (MUST BE PROVIDED FOR PUBLIC AND/OR SUBSIDIZED HOUSING)

TELEPHONE

FORM DM-6 2.2010