

# Financial Hardship Statement

Massachusetts and Nantucket

Customer Name: \_\_\_\_\_  
Service Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number: \_\_\_\_\_

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

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**  
**PO Box 960**  
**Northborough, MA 01532-0960**

