

RESIDENTIAL LOW-INCOME ASSISTANCE RATE APPLICATION

Concord Municipal Light Plant offers a low-income Residential Assistance Rate to customers who qualify. The Residential Assistance Rate program provides the reduced rate on the first tier of usage billed each month (657 kWh).

Residential Assistance Rate recipients are required to reapply annually before February 1st to continue to receive reduced rate for the upcoming year. Customer should call to validate renewal application received in a timely manner as renewal applications not received before February 1st will be removed from the program. Eligibility will restart once a completed application and proof of income is received. We do not back date benefits for late applications.

Eligibility Criteria for the Reduced Rate;

- You are a residential customer (primary dwelling only),
- Your Concord Municipal Light Plant utility account is in your name,
- And either you are eligible for the low-income home energy assistance program (LIHEAP), or its successor program, for which eligibility does not exceed 60% of the federal poverty level based on a household's gross income,
- Or you are currently receiving benefits under one of the following means-tested programs (proof of income is required) and the combined household income (all adults living in home) are eligible for LIHEAP Home Energy Assistance program.

NOTE

Combined household income includes income from all persons living in the home to include but not limited to: income received from wages, child support, alimony, retirement benefits (including IRA's), social security, supplemental security income (SSI), permanent social security disability income (SSDI), VA Benefits, interest income from savings, bonds, annuities, etc., gross rental income, gross business income, etc.

SAMPLE MEANS TESTED PROGRAMS

A means test is a determination of whether an individual or family is eligible for government assistance, based upon whether the individual or family possesses the means to do without that help.

(EAEDC) Emergency Aid to the Elderly, Disabled, & Children – provides assistance to those unable to work due to a physical or mental incapacity which has lasted or will last at least 60 days & meets the Department established medical standards for disability; over 65 waiting for SSI payments to begin or if found ineligible for SSI, if all other EAEDC eligibility requirements are met; caring for a child living in the home & not related to the individual; participating in a Mass. Rehabilitation Commission program; or required in the home to care for an incapacitated individual who would have to be institutionalized if someone does not provide the care in the home.

(LIHEAP/SMOC) Low Income Home Energy Assistance Program - provides eligible households with help in paying a portion of winter heating bills.

Public / Subsidized Housing - If you live in public housing, the housing authority owns your building & is your landlord. In a few cases, a private company may manage the building for the housing authority or may be part of the ownership, but the building is still controlled by the housing authority.

If you live in subsidized housing, the housing authority is not your landlord. Subsidized housing is owned & operated by private owners who receive subsidies in exchange for renting to low- & moderate-income people. Owners may be individual landlords or for-profit or nonprofit corporations.

Supplemental Nutrition Assistance Program (SNAP) - The Department of Transitional Assistance (DTA) administers SNAP benefits. SNAP provides a monthly benefit to buy nutritious foods. To receive SNAP, you must be low income and be a US citizen or legal noncitizen (restrictions apply). Eligibility for SNAP benefits depends on financial and nonfinancial criteria.

(SSD, SSDI OR SSI) Social Security Disability, Supplemental Security Disability Benefit, or Supplemental Security Income – Benefits are for the disabled and or elderly with little to no income.

(TAFDC) Transitional aid to Families with Dependent children - Families with children can get TAFDC if their income is low enough. TAFDC includes monthly cash payments, a yearly clothing allowance for each child, & payments for child care if the adult in the family is working or in an approved education & training program.

Veterans – Chapter 115, Dick Krug Town of Concord's Veterans Coordinator may call for benefits approval.

I Receive Benefits from the Following Means Tested Program: (Choose one)

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

Attach Required Proof of Benefit and Proof of Income Documentation;

- Acceptable forms of proof include a program I.D. card or a copy of the certifying agency's acceptance letter.
- Acceptable forms of proof income include: last 3-months pay stubs, previous years income tax, or proof of receiving LIHEAP.

If you cannot provide proof of income, you will be required to apply for and get accepted by LIHEAP Home Energy Assistance program before benefit will be given.

Applicant Name: _____

Service Address: _____

Email: _____ Phone: _____ - _____ - _____

Electric Account Number: _____

Adults living in home (18+) _____

Children living in home (under 18) _____

____ Yes, I would like to apply for Concord Municipal Light Plants Low Income Discount Rate and agree to the following statement: I authorize the agency(s) providing my benefits to release information to Concord Municipal Light Plant for the purposes of enrollment and annual recertification for the Discount Rate and to notify the company if my benefits are discontinued. I also understand that I must notify Concord Municipal Light Plant if my benefits are discontinued.

____ I certify that all of the information provided on this application is true. I receive benefits from the program indicated and the electric account below is in my name, and I am income eligible.

Applicant Signature: _____

Please mail, email or fax, pages 3 & 4 with your completed information, proof of benefit(s) and proof of income to:

1175 Elm Street| PO Box 1029
Concord, MA. 01742-1029
Email: Concordutilities@concordma.gov |Fax: 978-3318-3105

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL DELAY THE START OF POSSIBLE BENEFITS