

RESIDENTIAL LOW-INCOME ASSISTANCE RATE APPLICATION

Concord Municipal Light Plan 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 yearly by February 1st to continue to receive the reduced rate for the upcoming year. Renewal letters and applications are mailed the last week of December. Accounts that have not submitted a completed renewal application before February 1st will be removed from the program. We do not back date benefits for late applications. Eligibility will restart for those removed once a completed application and proof of income and benefit are received.

Eligibility Criteria

- Residential customer,
- Primary dwelling *only* (does not apply to other buildings on the property or properties customer may own in town),
- Utility account (customer of record) is in requestor name,
- Requestor is 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
customer is currently receiving benefits under a means-tested program (see list on application), proof of income is required for all benefits except LIHEAP.
- Proof of income for the past 30 days for everyone in household who is 18 years or older. People 18 or older who are full time students must submit a letter from their school or college to have their income waived.

Income Verification

Proof of income for the past 30 days for everyone in household who is 18 years or older. People 18 or older who are full time students must submit a letter from their school or college to have their income waived.

Acceptable forms of proof include last 30 days pay stubs, previous years income tax, or proof of receiving LIHEAP. Customers who claim no income and cannot

supply the above will be required to apply for LIHEAP who must notify us you qualify.

Income includes wages, retirement benefits, retirement income (to include 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 – Aids 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.

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

Public / Subsidized Housing - the housing authority owns building & is the 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.

Subsidized Housing, the housing authority is **not** the 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. Qualification: must be low income & a US citizen or legal noncitizen (restrictions apply).

(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; includes monthly cash payments, a yearly clothing allowance for each child, & payments for childcare 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.



1175 Elm Street | PO Box 1029 | Concord, MA. 01742-1029
Email: ConcordUtilities@concordma.gov | Fax: 978-331-3105

Please Complete application (pages 3 & 4) in full and return to the address above, include required proof of benefit checked below and proof of income. Incomplete applications will be denied and returned to you.

Qualifying Benefit – Select Only One

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



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Applicant Name (ACCOUNT HOLDER): _____

Service Address: _____

Email: _____ Phone: _____ - _____ - _____

Electric Account Number: _____

Adults living in home (18+) _____ *PLEASE SUPPLY LETTER FOR FULL-TIME STUDENTS FROM ATTENDING COLLEGE TO HAVE THEIR INCOME WAIVED

Children living in the home (under 18) _____

By signing below and submitting the completed application along with proof of benefit and income I am applying for the Concord Municipal Light Plants Low-Income Residential Assistance Rate. I also authorize the agency providing my qualifying benefit to release information to Concord Municipal Light Plant for the sole purpose of enrollment and annual recertification of the Residential Assistance Rate program.

I understand that I must notify Concord Municipal Light Plant if my benefits are discontinued, and I no longer qualify for the program.

Dated: ____/____/____

Applicant Signature: _____

Applicant Printed Name: _____