

Financial Hardship Statement

Name

Date

Address

Electric Account Number

City/Town

Phone Number

NOTE: If you are claiming Financial Hardship under the Rules and Regulations Governing the Termination of Residential Electric, Gas and Water Utility Services, please answer the following questions and return this form to: Pascoag Utility District, 253 Pascoag Main Street, PO Box 107 Pascoag, RI within (7) days for an initial application and within (40) days if this is a renewal.

DO NOT ENCLOSE THIS STATEMENT WITH YOUR BILL PAYMENT.

****** PLEASE PROVIDE PROOF OF INCOME, AGE, AND HANDICAP IF APPLICABLE. ******

INCOME INFORMATION

**Source of gross income:
(for family or group)**

	Work	() Yes () No	Amount	Per Week	<input type="text"/>
	SSI	() Yes () No	Amount	Bi-weekly	<input type="text"/>
Welfare:	SSDI	() Yes () No	Amount	Per Month	<input type="text"/>
	AFDC	() Yes () No	Amount	Per Semi-Month	<input type="text"/>
	GPA	() Yes () No			

Other: Specify _____.

Total number in household: _____

Total number in household age 62 or over: _____.

Number in household handicapped: _____.

Number of children under (24) twenty- four months & Financial hardship: _____.

I, the undersigned, do hereby certify that the information provided is complete and the truth, to the best of my knowledge.

Date: _____

Signature: _____