



32 S. Main Street, Middleborough, MA 02346
Phone: (508) 947-1371 Email: csr@mged.com

FINANCIAL HARDSHIP STATEMENT

Name _____ Acct.# _____

Service location _____

Daytime telephone number (____) ____ - _____

Number of persons in household _____ Number of persons above age 65 _____

Total household income before taxes: \$ _____ per year (*Proof of income is required for all residents in the household; for example, income tax forms, W-2 forms, or statement of benefits from your funding agency.*)

I have applied for public assistance to help pay my MGED bill: Yes (date _____) No

I am claiming financial hardship under Massachusetts Department of Public Utilities regulations.

I also qualify for the following hardship category(s):

- Serious illness
- Child under 12 months of age
- All residents in household are 65 years of age or older

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

Signature of customer of record _____ Date of statement _____

Social Security Number _____

Failure to file or renew Financial Hardship Statements and the required certification information when due, or to make payments as agreed under a payment plan, may result in termination of service.

Return to our office or email at the address shown above.

If you are not satisfied with our investigation or the payment plan we have offered on the overdue portion of your bill, you may appeal by writing the Massachusetts Department of Public Utilities, Consumer Division, One South Station, Boston, MA 02110, or by calling 617.737.2836 or 877.886.5066 (toll free).

—FOR OFFICE USE ONLY—

Date received _____ Expiration date _____

Department Rep _____