

Low Income Rate Application



If you are currently eligible for fuel assistance, or are receiving one of the benefits listed below, you may also be eligible for Middleborough Gas & Electric Department's Low Income Rate. Please note, eligibility is not limited to only these programs, as other means-tested public benefits are also eligible. If you have any questions about the application, please call us at 508-947-1371, Monday through Friday, 8:00 AM to 4:00 PM.

This information is important. Please have it translated.

First Name: _____ Last Name: _____

Service Address: _____

City: _____

Email Address: _____ ZIP Code: _____

Telephone Number: _____ - _____ - _____

Eligibility Criteria

- I am a residential customer (primary residence only).
- My MGED bill is in my name.
- I am income-eligible for the Low Income Home Energy Assistance Program (LIHEAP), also known as Fuel Assistance.
- My household income does not exceed 60 percent of the estimated state median income.
- I am currently receiving benefits under a means-tested program (check all that apply below).
- Must be re-certified yearly.

I currently receive benefits from one or more of the following programs:

- | | |
|---|--|
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP/Fuel Assistance) | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP/Food Stamps) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Veterans Dependency & Indemnity Compensation (DIC) Surviving Parent or Spouse |
| <input type="checkbox"/> MassHealth – Basic or Standard | <input type="checkbox"/> School Breakfast/Lunch Program |
| <input type="checkbox"/> Emergency Assistance for the Elderly, Disabled & Children (EAEDC) | <input type="checkbox"/> Veterans Non-Service Disability Pension |
| <input type="checkbox"/> Public or Subsidized Housing | <input type="checkbox"/> Commonwealth Care Plan Types 1, 2 or 3A |
| <input type="checkbox"/> Transitional Aid to Families with Dependent Children (TAFDC) | <input type="checkbox"/> Health Safety Net Plan – Primary or Secondary (Not Partial) |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Women, Infants & Children (WIC) Nutritional Program |
| <input type="checkbox"/> Veterans' Service Benefits (Chapter 115) | |

You must provide proof of benefits, for example a copy of the certifying agency's acceptance letter.

I certify all of the information provided on this application is true. I receive benefits from the program(s) indicated, I am income-eligible and the MGED residential account above is in my name.

Signature: _____ Date: _____

After completing the application, please mail, e-mail or fax it and any copies of your eligibility documentation to:

Middleborough Gas & Electric Department
32 South Main Street
Middleborough, MA 02346
Email: csr@mged.com Fax: 508-946-3700

*(For Office Use Only) MGED Account #: _____