



## Financial Hardship Protection Documentation

This is an important notice. Please have it translated.

Đây là một thông báo quan trọng.  
Xin vui lòng dịch thông báo này.

Este é um aviso importante. Quiera mandá-lo traduzir.  
Este es un aviso importante. Sirvase mandarlo traducir.

Это очень важное сообщение.  
Пожалуйста, попросите чтобы  
вам его перевели.

此为重要通知。请加以翻译。

Questa è un'informazione importante. Si prega di tradurla.

إن هذا إخطار مهم. يُرجى ترجمته.

Dear Customer:

You have received this letter and the enclosed form because your recent claim for Financial Hardship protection. For your account to receive this protection based on your family or group income that is at or below the annual or quarterly gross income levels established for financial hardship, the enclosed form and proof of financial hardship (such as tax returns, 3 month paystubs, or SSDI/SSI award letter within the past year) **must** be completed and returned within seven (7) days of the mailing date on this letter.

**Financial Hardship:** The Rhode Island Public Utilities Commission's Rules and Regulations Governing the Termination of Residential Electric, Gas and Water Utility Service provide specific protections to financial hardship customers. "Financial hardship category" means "those families or groups of unrelated individuals residing in one dwelling unit with a combined gross income equal to or less than seventy-five percent of the Rhode Island median income as calculated by the U.S. Bureau of Census and as adjusted for family or group size by the U.S. Department of Health and Human Services ["HHS"] regulation 45 CFR Sec.96.85 or its successor regulation." Appendix A to the Rules and Regulations "sets out the Rhode Island median for family or group size and shall be regularly updated in accordance with HHS regulations governing the federal low-income Home Energy Assistance Program." Households can qualify under the financial hardship category based on either their annual income or their income over the most recent three (3) months.

**Please return the completed information to the address listed below. We will notify you in writing whether your completed information was either accepted or rejected. Failure to pay current bills or make an arrangement on past-due balances will subject you to collections activity, including termination.**

**Mail:** Rhode Island Energy  
Accounts Maintenance & Operations  
PO Box 960  
Northborough, MA 01532-0960

**Fax:** 1-866-460-8549

We appreciate the opportunity to service your account. If you have any questions regarding your Financial Hardship status, please contact our Customer Service Contact Center at 1-800-870-1664 (gas) and 1-855-RIE-1101 (electric), available Monday-Friday between the hours of 7:00 AM – 5:00 PM.

To discuss a payment arrangement, please contact Credit and Collections Department at 1-855-RIE-1103 (Gas) and 1-855-RIE-1104 (electric), Monday through Friday between the hours of 7:00 AM – 9:00 PM, or Saturday from 7:00 AM – 5:00 PM.

Sincerely,

Rhode Island Energy  
Credit and Collections Department



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## Financial Hardship Statement

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Account Number: \_\_\_\_\_

City/Town: \_\_\_\_\_

**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 the address shown on your bill within seven (7) days for an initial application and within forty (40) days if this is a renewal.

**DO NOT ENCLOSE THIS STATEMENT WITH YOUR BILL PAYMENT.**

### Income Information

**Source of Gross Income:** (for family or group) Work ( ) Yes ( ) No Amount \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_

SSI ( ) Yes ( ) No Amount \_\_\_\_\_ Per Month

**Welfare:** AFDC ( ) Yes ( ) No Amount \_\_\_\_\_ Per Semi-Month

GPA ( ) Yes ( ) No Amount \_\_\_\_\_ Per Week

**Other:** (Specify) ( ) Yes ( ) No Amount \_\_\_\_\_ Per Two Weeks

Total number in household: \_\_\_\_\_

Number in household aged 62 or over: \_\_\_\_\_

Number in household handicapped: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

### FOR OFFICE USE ONLY:

Date Received \_\_\_\_\_ Accepted \_\_\_\_\_ Rejected \_\_\_\_\_

Company Representative \_\_\_\_\_

Resubmittal Date \_\_\_\_\_ Resubmittal Waived \_\_\_\_\_

Company Representative \_\_\_\_\_