

Energy Affordability Program Application

Discount for eligible residential customers



Please complete this form and return to Orange and Rockland with Supporting Documents by email, fax, or direct mail:

Email: orulowincome@oru.com
 Fax: 1-914-925-9235

Mail: **ATTN: Energy Affordability Program**
Orange and Rockland Customer Assistance
 390 W. Route 59
 Spring Valley, NY 10977

Customer Name:				Benefit Qualifying Person, if different than customer:			
Mailing Address:					Apartment/Unit Number (if applicable):		
City:		State:		ZIP Code:		Phone:	
Account Number:			Email:				

Please check the program from which you (or the Benefit Qualifying Person) now receive assistance:

- | | |
|---|---|
| <input type="checkbox"/> Home Energy Assistance Program (HEAP) | <input type="checkbox"/> Bureau of Indian Affairs General Assistance (if living on tribal lands) |
| <input type="checkbox"/> Lifeline Telephone Service Program (Lifeline) | <input type="checkbox"/> Head Start (if living on tribal lands) |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Tribal TANF (if living on tribal lands) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Food Distribution Program on Indian Reservations (if living on tribal lands) |
| <input type="checkbox"/> Veterans Disability or Survivors Pension | <input type="checkbox"/> Utility Guarantee / Direct Vendor programs |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Federal Public Housing Assistance | <input type="checkbox"/> Safety Net Assistance |

Eligibility Requirements (Please Read before submitting)

To prove participation in one of the above programs, **customers MUST submit an award letter or a document** that includes their name or the name of their benefit qualifying person (BQP), the name of the qualifying program, and the government, Tribal entity or program administrator that issued the document. All documentation must have **an issue date within the last 12 months** or a future expiration date that aligns with the benefit period. **If you are already receiving "Electric/Gas HEAP credit" on your bill, you are already enrolled in the program, Do Not need to submit this application.**

Customer/Benefit Qualifying Person (BQP) Certification and Authorization

(If customer is applying based on BQP's enrollment in a qualifying program, both customer and BQP must sign below.)

I certify that the information above is correct. By signing this form, I allow Orange and Rockland to share and verify information in my application or documentation for this program with third parties. I also allow third parties to give Orange and Rockland, or representatives or agencies of the federal, state, or local government, information or documentation requested about me related to this and related programs. This information will be shared to help process my application and for ongoing participation and compliance with the program. Information that Orange and Rockland and a third party may share about me:

- Information about my application, program participation, and eligibility.
- Information and documentation about utilities, payment history, employment history, income, application status, and award information for benefits or utilities assistance.

Customer Signature:	<input type="text"/>	Date:	<input type="text"/>
Best Qualifying Person Signature (if applicable)	<input type="text"/>	Date:	<input type="text"/>

Contact Orange & Rockland Customer Services at: 1-877-434-4100



Energy Affordability Program

Formerly the Low-Income Discount Program

You may qualify for a discount on your monthly energy bill if you receive benefits from the following eligible governmental assistance programs.

You'll be enrolled automatically if an agency notifies us that you receive:	If you only receive benefits from the following program(s), you must apply to enroll:
<ul style="list-style-type: none">– Home Energy Assistance Program (HEAP)– Supplemental Nutrition Assistance Program (SNAP) – NYC SNAP, Westchester SNAP– Supplemental Security Income (SSI)– Direct Vendor or Utility Guarantee– Temporary Aid to Needy Families (TANF) – NYC TANF; Westchester TANF– Safety Net Assistance (SNA) – NYC SNA, Westchester SNA <p>*You can check your enrollment status on page 1 of your bill under Adjustment Information.</p>	<ul style="list-style-type: none">– Medicaid– Federal Public Housing Assistance– Veterans Pension and Survivors Benefit– Lifeline Telephone Service Program (Lifeline) <p>If living on tribal lands:</p> <ul style="list-style-type: none">– Bureau of Indian Affairs General Assistance– Head Start– Tribal TANF– Food Distribution Program on Indian Reservation (FDPIR)

How to Submit Your Form and Required Documentation

1. Complete your Energy Affordability Program Application online at conEd.com/EAP.
2. Find your award letter or required documentation proving participation in at least one qualifying program.
3. You can email, fax, or mail a copy of your application and participation proof to:

*You can also provide proof and complete an application at our Walk-In-Centers.

Email: EAP@conEd.com

Fax: 1-212-844-0110

Mail: **Energy Affordability Program**
Con Edison, PA Central
4 Irving Place, 9 Floor, Box 34
New York, NY 10003

Tanpri fè yo tradwi mesaj enpòtan sa a.
Proszę o przetłumaczenie tej ważnej wiadomości.
Попросите перевести это важное сообщение.
이 중요 메시지를 번역해주시기 바랍니다.

請完成此重要訊息的翻譯。
Por favor, este mensaje debe traducirse.
يُرجى ترجمة هذه الرسالة الهامة.
ביטע זעצט איבער דעם וויכטיגן מעסעדזש.



Energy Affordability Program Application

If you receive benefits from a governmental assistance program, you may qualify for a discount. Please fill out this form and return it to us with your supporting documentation via email, fax, or mail.

Customer / Account Owner:	Benefit Qualifying Person, if different than customer:
Mailing Address:	Apartment / Unit Number, if applicable:
City:	State: Zip Code: Phone:
Account Number:	Email:

Qualifying Assistance Programs

Please select the qualifying assistance programs in which you're enrolled. You must be enrolled in at least one program to qualify for this discount.

- | | |
|---|---|
| <input type="checkbox"/> Home Energy Assistance Program (HEAP) | <input type="checkbox"/> Utility Guarantee / Direct Vendor programs |
| <input type="checkbox"/> Lifeline Telephone Service Program (Lifeline) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Safety Net Assistance |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Bureau of Indian Affairs General Assistance (if living on tribal lands) |
| <input type="checkbox"/> Veterans Disability or Survivors Pension | <input type="checkbox"/> Head Start (if living on tribal lands) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Tribal TANF (if living on tribal lands) |
| <input type="checkbox"/> Federal Public Housing Assistance | <input type="checkbox"/> Food Distribution Program on Indian Reservations (if living on tribal lands) |

Eligibility Requirements

To prove participation in one of the above programs, customers must submit an award letter or a document that includes their name or the name of their Benefit Qualifying Person (BQP), the name of the qualifying program and the government Tribal entity, or program administrator that issued the document. All documentation must have an issue date within the last 12 months or a future expiration date that aligns with the benefit period.

If the name of the Benefit Qualifying Person (BQP) is different than the name on the Con Edison account, we will accept and enroll customers into the program as long as the address on the award letter or document is the same as what is on the account.

Customer/Benefit Qualifying Person Certification and Authorization

(If the customer is applying based on BQP's enrollment in a qualifying program, both the customer and BQP must sign below.)

I certify that the information above is correct. By signing this form, I allow Con Edison to share and verify information in my application or documentation for this program with third parties. I also allow third parties to give Con Edison, or representatives or agencies of the federal, state, or local government, information or documentation requested about me related to this and related programs. This information will be shared to help process my application and for ongoing participation and compliance with the program. Information that Con Edison and a third party may share about me:

- Information about my application, program participation, and eligibility.
- Information and documentation about utilities, payment history, employment history, income, application status, and award information for benefits or utilities assistance.

Customer Signature:	Date:	Benefit Qualifying Person / Signature if applicable	Date:
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← → ↻ 🏠 <https://www.nationalgridus.com/Upstate-NY-Home/Bill-Help/Energy-Affordability-Program-Application> 📄 ☆ 📄 📄 📄

Close Gas Emergencies Power Outages Our Company Contact Us

Welcome to our Upstate NY Home site.

We're not sure if this is right. If you confirm where you use our services most, we can tailor our site to your needs.
Note: If you've told us more than once your browser could be blocking cookies. ?

▶ **Confirm Service Location**
 ▶ **Continue Browsing**

nationalgrid Your Account Billing & Payments Save Energy & Money Safety & Outages **Pay Your Bill** Sign In / Register

Home ▶ Billing & Payments ▶ Bill Help ▶ Energy Affordability Program Application

Help Making Payments
 Grant Programs
 Energy Affordability Program

Energy Affordability Program Application

Please complete the following form below.

← → ↻ 🏠 <https://www.nationalgridus.com/Upstate-NY-Home/Bill-Help/Energy-Affordability-Program-Application> 📄 ☆ 📄 📄 📄

Consumer Advocates
 Energy Savings Programs
 Budget Plan
 More Time to Pay
 Bill Relief Program

Applicant Information

Customer Name: *

Mailing Address: *

APT #:

City: *

State:

NEW YORK

← → ↻ 🏠 <https://www.nationalgridus.com/Upstate-NY-Home/Bill-Help/Energy-Affordability-Program-Application> 📄 ☆ 📄 📄 📄

Zip: *

Phone: *

Please enter a valid value in the format of 999-999-9999

Email *

National Grid Customer ID or Account #: *

Please enter a valid value in the format of 12345-67890

National Grid Service Region: *

Please select



Eligibility Requirements

To prove participation in one of the above programs, customers must submit an award letter or a document that includes their name or the name of their benefit qualifying person (BQP), the name of the qualifying program, and the government, Tribal entity or program administrator that issued the document. All documentation must have an issue date within the last 12 months or a future expiration date that aligns with the benefit period.

Assistance Program Information

Please check the program from which you now receive assistance: *

- Home Energy Assistance Program (HEAP)
- Lifeline Telephone Service Program (Lifeline)
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid
- Veterans Disability or Survivors Pension
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance

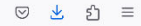


- Child Health Plus
- Bureau of Indian Affairs General Assistance (if living on tribal lands)
- Head Start (if living on tribal lands)
- Tribal TANF (if living on tribal lands)
- Food Distribution Program on Indian Reservations (if living on tribal lands)
- Utility Guarantee / Direct Vendor programs
- Temporary Assistance for Needy Families (TANF)
- Safety Net Assistance

Customer/Benefit Qualifying Person Certification and Authorization

By checking this box below I certify that the above information is correct. I allow National Grid to share and verify information in my application or documentation for this program with Third Parties. I also allow Third Parties to give National Grid, or any representatives or agencies of the federal, state, or local government, information or documentation requested about me related to this and related programs. This information will be shared to help process my application and for ongoing participation and compliance with the program.

Information that National Grid and a Third Party may share about me:



Information that National Grid and a Third Party may share about me:

- Information about my application, program participation, and eligibility.
- Information and documentation about utilities, payment history, employment history, income, application status, and award information for benefits or utilities assistance.

YES, I certify that my eligibility information is correct and true. *

Submit

