

## 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.

### **INCOME INFORMATION**

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

	Work	( ) Yes ( ) No	Amount	Per Week	\$ _____
	SSI	( ) Yes ( ) No	Amount	Bi-weekly	\$ _____
Welfare:	SSDI	( ) Yes ( ) No	Amount	Per Month	\$ _____
	AFDC	( ) Yes ( ) No	Amount Per Semi-Month		\$ _____
	GPA	( ) Yes ( ) No			

Other: Specify \_\_\_\_\_.

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

Total number in household age 62 or over: \_\_\_\_\_.

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

Number of Infants in household under 12 months: \_\_\_\_\_.

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

Date _____	Signature _____
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**FOR OFFICE USE ONLY:**

Date Received _____	Accepted _____	<b>Rejected</b> _____
Resubmittal Date _____	Resubmittal Waived _____	

					Pascoag Utility Representative	
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