Massachusetts

Income-Eligible Discount Rate Application

Significant savings are available to eligible customers

nationalgrid

Name:	Phone:	
Service Address: Street	Email:	
Service Address: City	State:	Zip Code:
Mailing Address: Street (if different than above):		
Mailing Address: City	State:	Zip Code:

Eligibility Criteria for the Discount Rate:

- You are a National Grid Massachusetts residential customer (primary dwelling only),
- You reside at the address on the National Grid bill as your primary residence, whether or not the bill is in your name,
- You are currently receiving benefits under a means-tested program (see list below) **or** your household size and gross annual income meet eligibility requirements. View guidelines at **ngrid.com/discountrate**.

I would like to apply the Discount Rate to the following National Grid Account(s): ☐ Electric ☐ Gas ☐ Electric and Gas

National Grid Electric Account Number:

☐☐☐☐☐–☐☐☐☐☐

National Grid Gas Account Number:

☐☐☐☐☐–☐☐☐☐☐

I receive benefits from the following program(s):

- ☐ MassHealth
- ☐ Food Stamps (SNAP)
- ☐ Women, Infants and Children (WIC)
- ☐ Fuel Assistance/Home Energy Assistance Program (HEAP)
- ☐ Head Start
- ☐ Public/Subsidized Housing (Section 8, AHVP, MRVP)
- ☐ Residential Assistance for Families in Transition (RAFT)
- ☐ Child Care Financial Assistance (CCFA)
- ☐ Emergency Assistance Family Shelter
- ☐ State Supplemental Program (SSP)
- ☐ Social Security Disability Income (SSDI)
- ☐ ConnectorCare Plan Type 2A, 2B, 3A, 3B, 3C
- ☐ Emergency Aid to Elders, Disabled and Children
- ☐ Transitional Aid to Families with Dependent Children (TAFDC)
- ☐ Supplemental Security Income (SSI)
- ☐ Veterans' Service Benefits
- ☐ Veterans Surviving Parent or Spouse (DIC)
- ☐ Veterans Non-Service Disability Pension

***Please provide proof of benefits. Acceptable proof includes a copy of a program ID card or an acceptance letter from the certifying agency.**

☐ Yes, I am applying for this program and the information provided is accurate to the best of my knowledge.

Signature_____ Date _____

Please submit this application and a copy of supporting eligibility documents:

1) By mail to **National Grid, Attn: Accounts Processing, PO Box 960, Northborough, MA 01532**
2) By e-mail to **discount@nationalgrid.com**
3) By fax to **1-877-388-9077**
4) By online application at **ngrid.com/discountrateapp**

For any questions, please contact us at **1-800-322-3223** (electric) or **1-800-233-5325** (gas).

Translated applications and additional information can be found at **ngrid.com/discountrate**

To see if you qualify for a higher discount, contact your local Community Action Agency (CAA) to verify your income eligibility. Find one near you at **masscap.org/agencies**.