



# Financial Hardship Application

If you are having difficulty making payments on your electric bill with Chicopee Electric Light, please contact us at 594-2400. Chicopee Electric Light is willing to help you with a payment plan.

Chicopee Electric Light will not shut off your utility service if you have a Financial Hardship and meet one or more of the following items.

- Someone living in your home is seriously ill. You must have a current signed serious illness form that meets qualifications completed by a doctor on file with CEL.
- A child under twelve (12) months of age is living in your home. A copy of the birth certificate is required to be on file with CEL to qualify.
- If all residents in the home are age 65 years and older. **Please call us to qualify at 594-2400.**

**NOTE:** Your service will not be disconnected between the period of November 15 and March 15 if the utility service provides your primary source of home heating.

If you are claiming "Financial Hardship" under Massachusetts General Laws, Chapter 164 section 124A or 124F, please provide the following information and return this form within seven (7) days to:

Chicopee Electric Light  
Attn: Customer Service  
725 Front St  
Chicopee, MA 01020  
413-594-2400

## 1.) Customer Information (required)

Name: \_\_\_\_\_  
Service Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Account #: \_\_\_\_\_

## 2. Financial Information (required)

Number of people living in home: \_\_\_\_\_  
Total Family Income (before taxes) \$ \_\_\_\_\_  
Receive Section 8 \_\_\_ Yes \_\_\_ No  
Do you: \_\_\_ Own your home \_\_\_ Rent  
Have you applied for fuel assistance?  
\_\_\_ No \_\_\_ Yes, Date sent: \_\_\_\_\_

## 3. Description of Need (check one or more as they apply to the household)

\_\_\_ Someone qualifies for serious illness  
\_\_\_ A child living in the home is under twelve (12) months old.  
\_\_\_ It is between November 15 and March 15 and your electric service provides heat or operates the heating system and your service has not been shut off before November 15.  
\_\_\_ Other, please describe in detail:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTICE: While under hardship protection, payment to Chicopee Electric Light is still required. Please call to schedule a payment plan.

## 4. Your Signature (required)

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

Signed \_\_\_\_\_  
Date \_\_\_\_\_  
Printed Name \_\_\_\_\_

