



LOW INCOME RATE APPLICATION

Savings are available to eligible electric customers.

☐ Yes, I would like to apply for Hudson Light & Power Department's Low-Income Rate. I authorize the agency (s) providing my benefits to release information to the Hudson Light & Power Department (HLP) for the purposes of enrollment, for the annual recertification for the Low-Income Rate and to notify HLP if my benefits are discontinued. I also understand that I, too, must notify HLP if my benefits are discontinued.

HLP Account Number: _____ - _____

Name: _____ Telephone Number: _____

Address: _____ Cell: _____

Town: _____ Zip: _____ Email: _____

HLP Eligibility Criteria for the Low-Income Rate:

- You are a residential customer (primary dwelling only) and you are the customer of record.
- You are eligible for the low-income home energy assistance program (LIHEAP), for which eligibility does not exceed 200% of the federal poverty level based on a household's gross income. In a calendar year in which maximum eligibility for LIHEAP exceeds 200% of the federal poverty level, a household that is income eligible under LIHEAP shall be eligible for the Hudson Light & Power Department's Low-Income Rate.
- You are currently receiving benefits under a means-tested program.

I Receive Benefits from the following program(s):

- ☐ Emergency Aid to Elders, Disabled and Children (EAEDC)* ☐ Fuel Assistance
- ☐ Veterans DIC Surviving Parent or Spouse ☐ Veterans Non-Service Disability Pension*
- ☐ Food Stamps (SNAP)* ☐ Head Start* ☐ School Breakfast Program*
- ☐ MassHealth (Medicaid)* ☐ Women, Infants and Children (WIC)*
- ☐ National School Lunch Program* ☐ Supplemental Security Income*
- ☐ Public Housing ☐ Transitional Aid to Families with Dependent Children (TAFDC)*
- ☐ Veterans' Service Benefits* (Chapter 115)

*Please provide proof of benefits to the HLP. Acceptable forms of proof include a program I.D. card or copy of the certifying agency's acceptance letter.

I certify that all of the information provided on this application is true. I am currently receiving benefits from the program(s) indicated.

Signature: _____ Date: _____

Please mail or fax, your eligibility documentation:

Hudson Light & Power Department, Attention: Customer Service, 49 Forest Ave, Hudson, MA 01749.

Fax: 978-562-1389

If you have any additional questions, please call our Customer Service Specialists at 978-568-8736

Rev 10/28/25