



## MARBLEHEAD MUNICIPAL LIGHT DEPARTMENT

40 TIOGA WAY \* P.O.BOX 369  
MARBLEHEAD, MASSACHUSETTS 01945

### Doctor Certification Form (re-certify every 90 days for serious illness; every 180 days for chronic illness)

In order to qualify for protected status due to your illness, you are required to have your doctor certify your status by completing the form below. Mail or bring this form to your doctor. **Both you and your doctor must sign this form** and he or she must return it to us according to the mailing instructions at the bottom of this form.

Instructions to Doctor: Your patient has requested protected status (he or she has a serious illness) as a customer of Marblehead Municipal Light. After obtaining the patient's signature (see below), please provide the following information including your signature:

Nature of Illness/Handicap \_\_\_\_\_

Is the condition chronic? (please circle) YES / NO

Doctor's Name (please print) \_\_\_\_\_ Doctor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Name and Age(s) of Child(ren) under 12 Months of Age: \_\_\_\_\_

Customer's (Patient's) Name (please print) \_\_\_\_\_

Customer's (Patient's) Signature \_\_\_\_\_

Customer's (Patient's) Address \_\_\_\_\_

Customer's signature \_\_\_\_\_

Please mail completed form to: MMLD, PO Box 369, Marblehead, MA 01945



# MARBLEHEAD MUNICIPAL LIGHT DEPARTMENT

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## Financial Hardship Certification Request Form (certification required quarterly)

Please check one:

\_\_\_\_\_ I am a Massachusetts resident with a financial hardship and there is a seriously ill resident living at the address listed below. **(please complete the Doctor Certification Form)**

\_\_\_\_\_ I am a Massachusetts resident with a financial hardship and there is a child under 12 months old who is a resident living at the address listed below. **(please include photocopy of child's birth certificate with this form)**

\_\_\_\_\_ I am a Massachusetts resident with a financial hardship and my service provides heat or operates the heating system and has not been shut off for nonpayment before November 15th. Protection applies for winter moratorium period.

(please complete the form below)

If you are claiming "financial hardship" under Massachusetts General Law, Chapter 164, Section 124F, please provide the following information and return this form to the address listed below. Pursuant to 220 CMR Chapter 25.03(4), customers claiming financial hardship must recertify their eligibility with the Company on a quarterly basis.

Customer Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Account Number \_\_\_\_\_ Social Security Number (optional) \_\_\_\_\_

Customer Address \_\_\_\_\_

City Marblehead State MA Zip 01945

Number of People in Household \_\_\_\_\_ Total Annual Income (all sources) \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail completed form to: MMLD, PO Box 369, Marblehead, MA 01945**



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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 MMLD.

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 completed form and documents to: MMLD, PO Box 369, Marblehead, MA 01945

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**DO NOT WRITE BELOW THIS LINE – FOR OFFICE PERSONNEL USE ONLY**

This document was received on \_\_\_\_\_ (date)

by \_\_\_\_\_ (Name/Title)

Approved by \_\_\_\_\_  
(Signature of Financial Manager)



## MARBLEHEAD MUNICIPAL LIGHT DEPARTMENT

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### Massachusetts State Median Income for FY 2017

HOUSEHOLD MEMBERS	MAXIMUM INCOME*	HOUSEHOLD MEMBERS	MAXIMUM INCOME*
1	\$34,001	4	\$65,387
2	\$44,463	5	\$75,849
3	\$54,925	6	\$86,311

### Termination of Service to Customers During Serious Illness, Infant, and Winter Protection

(1) Statement of Protection from Shut-off due to Financial Hardship.

No company may shut off or refuse to restore utility service to the home of any customer if:

(a) It is certified to the company:

1. That the customer or someone living in the customer's home is seriously ill; or
2. That there is domiciled in the home of the customer a child under 12 months of age; or
3. Between November 15 and March 15, that the customer's service provide heat or operates the heating system and that the service has not been shut off for nonpayment before Nov 15; or
4. That all adults domiciled in the home are age 65 or older and a minor resides in the home; and

(b) The customer is unable to pay any overdue bill, or any portion thereof, because of financial hardship, as defined in 220 CMR 25.01 (2).

220 CMR 25.01(2) Financial Hardship, shall exist when a customer is unable to pay an overdue bill and such customer meets income eligibility requirements for the Low-Income Home Energy Assistance program administered by the Massachusetts Department of Housing and Community Development, or when the Director of the Department's Consumer Division, or his designee, determines that such a finding is warranted.

**For information about Fuel Assistance call 978-531-8810,  
Email: [fuelassistance@nscap.org](mailto:fuelassistance@nscap.org) or visit [nscap.org](http://nscap.org)  
For an appointment call: (978) 531-0767 x 136 (October 1st –April 30<sup>th</sup>)  
North Shore Community Action Programs, Inc.  
119 Rear Foster Street, Building 13,  
Peabody, MA 01960**