



MARBLEHEAD MUNICIPAL LIGHT DEPARTMENT

80 COMMERCIAL ST * PO BOX 369
MARBLEHEAD, MASSACHUSETTS 01945

Doctor Certification Form

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

*** (you must re-certify every 90 days for serious illness; every 180 days for chronic illness)

If you are not able to have your doctor complete our form, have the doctor's office EMAIL a letter, on their letterhead, with your account number, the name of the person receiving treatment and your address, to the attention of Eileen Ells/Collections at EELLS@MHDLD.COM.



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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 Non-Service Disability Pension*
- Food Stamps (SNAP)*
- Head Start*
- 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 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 above.

Signature: _____ Date: _____

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

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)



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Estimated state median income for a 4-person family	60 Percent of Estimated State Median Income*					
	1-Person Family	2-Person Family	3-Person Family	4-Person Family	5-Person Family	6-Person Family
\$110,191	\$34,380	\$44,958	\$55,537	\$66,115	\$76,693	\$87,272

Massachusetts State Median Income for FY 2018

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 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 or visit nscap.org
 For an appointment call: (978) 531-0767 x 136 (October 1st –April 30th)
 North Shore Community Action Programs, Inc.
 119 Rear Foster Street, Building 13,
 Peabody, MA 01960**