



Marblehead *Neighbors Helping Neighbors* Program

This program is open to all residential customers of the Marblehead Municipal Light Dept. (MMLD) who directly pay an MMLD residential bill...including homeowners and renters. To qualify you must show that due to financial difficulties you have fallen behind on your MMLD bill payments, AND can meet certain household income guidelines, OR document a loss of income due to the COVID-19 Pandemic. **Our maximum Program payment is equal to two full (2) months of past due MMLD electric bills, OR \$300 to be applied to multiple MMLD electric utility bills, whichever is greater.** Completed applications are evaluated in the order they are received. Your application does not guarantee funding.

To Apply: Please Include the Following Documents

___ **Verification of your residency showing current Marblehead address:**

A copy of your driver's license, rent receipt, or lease, along with your MMLD electric bill.

___ **Verification of all income for all family members in your household 18 and older:**

Include paystubs for the past four weeks or a signed, dated letter from your employer; any Mass Dept. of Transitional Assistance (DTA) payments; Social Security or Social Security Disability Insurance payments; Pension payments; Veteran's benefits payments.

___ **A copy of your valid photo ID (All members 18 and older)**

___ **A copy of your MMLD electric bill that shows past due amounts.**

This bill must be in name of the applicant, or an explanation why the bill is in another name.

___ **A signed Release of Information form (see attached form).**

___ **A completed Explanation of Financial Hardship form (see attached form).**

IMPORTANT: Where to Send Your Completed Application

All information you provide should be sent **DIRECTLY** to the North Shore Community Action Programs, (NSCAP) a well-established non-profit social services organization serving Essex County, who is administering this Program for MMLD. Do **NOT** send your application to the MMLD office or employee.

Mail or Deliver to:

North Shore Community Action Programs
Attn: Community Outreach (COR)
119R Foster Street, Building 13
Peabody, MA 01960

If you need help completing your application contact:

Heidi Williams, Director of Community Outreach
(978) 531-0767 x310
hwilliams@nscap.org

North Shore Community Action Programs, Inc.

Authorization for Release of Information

I _____ hereby authorize the release of information pertaining to my case record, **North Shore Community Action Programs** to:

My signature below acknowledges my understanding and authorization and consent for the following:

1. This release of Client Information Authorization is valid for one year;
2. This authorization covers both the release of that information specified above and information to be compiled during the course of client's involvement with the agency or program;
3. This authorization is subject to my revocation at any time except for information already released;
4. I understand that I have a right to receive a copy of this authorization;
5. A copy of this form is as valid as the original.

Name of Client/Parent/Guardian

Relationship to Client

Signature of Client/Parent/Guardian

Date: ____ / ____ / ____

Witness to Above Signature

Date: / /

Revocation of Authorization for Release of Information

WRITTEN REVOCATION: I hereby revoke my authorization for the above specified information.

Signature of Client/Parent/Guardian

Date: ____ / ____ / ____

ORAL REVOCATION: Client/Parent/Guardian revoked authorization for the above specified client.

Date: / /

Explanation of Financial Hardship:

Multiple horizontal lines for writing.

Name of client: _____ Signature of Client: _____

Date: