



Groton Electric Light

23 Station Avenue
Groton, MA 01450

tel: 978-448-1150
fax: 978-448-1159



FINANCIAL HARDSHIP STATEMENT
(Valid for 7 days from receipt – see details below)

Date_____

Name_____

Address_____

Account No._____

FINANCIAL STATEMENT

If you are claiming “Financial Hardship” under Massachusetts General Laws, Chapter 164, section 124A or 124F, please provide the information below and return this form to the above address immediately. Your income must be at or below the maximum income set by the Low Income Energy Assistance Program (LIHEAP).

In order for Groton Electric to verify eligibility, you are required to apply for fuel assistance through the Town Clerk’s Office or the Council on Aging within 7 days. Please contact the Town Clerk’s Office at 978-448-1100 or the Council on Aging at 978-448-1170 to set up an appointment to complete the application. Complete the attached forms prior to your appointment.

Number of people in household_____

Total family income (before taxes) \$_____per year.

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

Date:_____Signature:_____

-----For Office Use Only-----

Date Received_____Accepted_____Rejected_____Dept. Rep._____