

Making Energy More Affordable

Energy costs can be a significant part of any household's budget. Our **Household Assistance Program** can lower your electric bills by about **\$45 every month**. We also enroll most participants in our convenient Balanced Billing program, with equal monthly payments for easier budgeting. For more information, visit psegliny.com/financialassistance.



Account Holder: Please fill in using black ink and sign below

Last _____ First _____

Name of Benefit Qualifying Person, if different from account holder _____

Street Address _____ Apt # _____

City _____ State **NY** ZIP _____

Telephone # _____

Email Address _____

PSEG Long Island Customer ID or Account Number _____

Eligibility Requirements

To prove participation in a qualifying program, you must submit an award letter or document that includes your name or that of the Benefit Qualifying Person (BQP) and the name of the qualifying program or program administrator that issued the document. All documentation must have an issue date within the last 12 months or a future expiration date that aligns with the benefit period. Address on award letter must match current service address. One HAP account allowed per customer.

Please check the program(s) from which you or someone in your household receives assistance:

- | | |
|---|---|
| <input type="checkbox"/> Home Energy Assistance Program (HEAP) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Medicaid (Medicare is not accepted) | <input type="checkbox"/> Federal Housing Program |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Child Health Plus |
| <input type="checkbox"/> Temporary Assistance | <input type="checkbox"/> Federal Lifeline Program |
| • Family Assistance (FA) | <input type="checkbox"/> Veterans Disability Pension—Non-Service Connected Disability |
| • Safety Net Assistance (SNA) | <input type="checkbox"/> Veterans Survivors Benefit—must meet income requirements |
| • Public Assistance (PA) | |

Customer/Benefit Qualifying Person Certification and Authorization

If the customer is applying based on BQP's enrollment in a qualifying program, both the customer and the BQP, or the BQP's parent or legal guardian if applicable, must sign below.

I certify that the information on this form is correct. By signing this form, I allow PSEG Long Island to share and verify information in my application or documentation for this program with third parties. I also allow third parties to give PSEG Long Island, or representatives or agencies of the federal, state, or local government, information or documentation requested about me related to this and related programs. This information will be shared to help process my application and for ongoing participation and compliance with the program. Information that PSEG Long Island and a third party may share about me:

- Information about my application, program participation, and eligibility.
- Information and documentation about utilities, payment history, employment history, income, application status and award information for benefits or utilities assistance.

Signatures

Account Holder _____ Date _____

BQP or Parent/Legal Guardian of BQP (if applicable) _____ Date _____

Return this application in an envelope with proper postage to: **PSEG Long Island**
ATTN: BOC/Payment Assistance
PO BOX 9083
Melville, NY 11747

Or send by email:
consumeradvocacyli@pseg.com

Please allow 4-6 weeks for processing for paper applications or 3-5 business days when submitted by email. A PSEG Long Island representative will reach out to you if we need additional information. Customer Advocacy Line: 631-755-3407