

Financial Hardship Agreement Instructions

If you are experiencing financial hardship and need a below standard agreement, this application is used to document your “paid expenses vs. your income” to determine your ability to make a payment.

For expedited service, we recommend submitting this application online. Simply gather the required documentation and visit our [Financial Hardship Agreement](#) online. If you are unable to apply online, you may fax the completed form and required documents to 877-276-2107.

Once we receive and review all of the required documents, a representative will contact you to discuss the terms of the payment agreement.

Please submit the following items (all that apply):

- 1. The attached DCR Financial Statement completed in its entirety**
- 2. Income** - All household income **within the last 30 days** for everyone that lives in the home that is 18 years of age or older

Net Income:

- Pay stubs (last 30 days)
- Bank statement showing direct deposit/proof of paid bills, etc.
- Food stamps award letter
- Other sources of income (provide proof)

We will consider:

- Notarized statement from employer
- Notarized letter from parent, tenant, etc.

Notarized letters should include date received and dollar amount.

3. Expenses - Proof of PAID expenses **within the past 30 days**

Only PAID Bills:

- Mortgage/Rent receipt
- Heating oil
- Gas
- Electric
- Propane
- Car/Mass transit expenses (car loan, insurance, gasoline, MetroCard, LIRR)
- Water
- Sewer
- Insurance (homeowners, car or life insurance)
- Medical expenses (co-pays, insurance, prescriptions)
- Child care
- Education/tuition
- Child support
- DSS payback
- Loans
- Court ordered payments

We will not accept:

- Unpaid bills
- Proof of income or expenses older than 30 days
- Phone or cable bill (allowance already provided)
- Food/Grocery bills (allowance already provided)
- Zero income (you must show the ability to keep the payment agreement)

Please note this financial hardship agreement is a one-time offer for the life of the account and should only be utilized during extreme circumstances.

If there is no household income within the last 30 days, please apply for assistance at the Department of Social Services.

DCR FINANCIAL STATEMENT
TO BE COMPLETED BY PSEG LONG ISLAND CUSTOMER OF RECORD

Utility Account No.	Customer Name
Service Address	Phone No.
Account Status Scheduled to be shut-off on or After _____ (date) Shut-off on _____ (date)	Household Composition # of Adults _____ # of Children under 18 _____

CUSTOMER FINANCIAL STATUS

<p>A. RESOURCES</p> <p>Cash on Hand \$ _____</p> <p>Checking Account \$ _____</p> <p>Savings Account \$ _____</p> <p>Other _____ \$ _____</p> <p>TOTAL RESOURCES \$ _____</p> <p>Available for down payments \$ _____</p>	<p>C. MONTHLY HOUSEHOLD INCOME</p> <p>Net salary wages \$ _____</p> <p>Public Assistance \$ _____</p> <p>Social Security \$ _____</p> <p>SSI \$ _____</p> <p>Unemployment \$ _____</p> <p>Food stamps/SNAP \$ _____</p> <p>Other \$ _____</p> <p>Other \$ _____</p> <p>Other \$ _____</p> <p>TOTAL MONTHLY INCOME \$ _____</p>
<p>B. MONTHLY EXPENSES</p> <p>Shelter \$ _____</p> <p>Food \$ _____</p> <p>Medical \$ _____</p> <p>Utilities \$ _____</p> <p>Other fuel \$ _____</p> <p>Basic telephone (\$44 max.) \$ _____</p> <p>Real estate taxes \$ _____</p> <p>Car expenses \$ _____</p> <p>Insurance \$ _____</p> <p>Transportation \$ _____</p> <p>Personal needs \$ _____</p> <p>Child care \$ _____</p> <p>Court ordered \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>TOTAL MONTHLY EXPENSES \$ _____</p>	<p>D. SUMMARY TOTALS</p> <p>Monthly Income \$ _____</p> <p>Less _____</p> <p>Monthly Expenses \$ _____</p> <p>Balance \$ _____</p> <p>E. PLEASE LIST ALL HOUSEHOLD MEMBERS</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p>

F. VERIFICATION:
Utility Representative has documented financial information YES NO

G. CERTIFICATION: CUSTOMER OF RECORD:
I, the undersigned, do hereby certify that the above financial information is true and correct to the best of my knowledge.

Signature _____ Date _____

For Company Use Only		
Utility Representative	Office Location	Supervisor