



### **Making Energy More Affordable**

Energy costs can be a significant part of any household's budget. Our Household Assistance Program (HAP) can lower your electric bills by more than \$35 every month.

Eligible customers receive a monthly discount for instant savings on every bill.

# **Monthly Bill Discounts**

Qualifying customers save more than \$35 every month

## **PSEGLINY.com/assistance**

## **Household Assistance Program Application**

Please fill in using black ink, sign at the bottom, detach and 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

## **Account Holder:**

| _asi  | FIISL                              |        |                        |
|---|------------------------------------|--------|------------------------|
| Street Address:   |                                    | i      | Apt #:                 |
| City  | State 1                            | NY     | ZIP                    |
| Telephone #   |                                    |        |                        |
| Email Address   |                                    |        |                        |
| PSEG Long Island Customer ID or Accoun  | nt Number                          |        |                        |
| certify that the information on this form is correct<br>County Social Services Agencies, NYC Communithe Veteran's Administration or any other related a | nity Development Agency, NYC Humar | n Reso | ources Administration, |
| Signature   | Date                               |        |                        |
|   |                                    |        |                        |

## **Eligibility Requirements**

Please check the program(s) from which you now receive assistance:

- ☐ Home Energy Assistance Program (HEAP)
- ☐ Medicaid
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Supplemental Security Income (SSI)
- ☐ Temporary Assistance Family Assistance (FA)

- ☐ Temporary Assistance Safety Net Assistance (SNA)
- ☐ Veteran's Pension—Non-Service Connected Disability
- ☐ Veteran's Surviving Spouse Pension – Non-Service Connected Disability

#### **Required Documentation**

Please attach a photocopy of ONE of the following dated within the last **12 months**:

- Current NYS Benefit **Identification Card**
- Approval letter from SSI
- Approval letter from HEAP, or
- Pension letter from the Veteran's Administration