

Residential customers receiving benefits from one or more of the programs below can receive a discount on every bill.

**PLEASE FILL IN ONLINE OR IN INK, SIGN AT THE BOTTOM AND RETURN THIS APPLICATION TO:**

**PSEG Long Island**  
**ATTN: BOC/Payment Assistance**  
**PO BOX 9083**  
**Melville, NY 11747**

**OR** By email to **consumeradvocacyli@pseg.com**

Account Holder: \_\_\_\_\_  
(Last) (First)

Street Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_, NY ZIP: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

PSEG Long Island Customer ID or Account Number: \_\_\_\_\_

**– 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

**– Documentation Required –**

Please attach a photocopy of **ONE** of the following:

*Current NYS Benefit Identification Card, approval letter from SSI, approval letter from HEAP, or pension letter from the Veteran’s Administration.*

*I certify that the above information is correct. I agree that PSEG Long Island may contact the Nassau or Suffolk County Social Services Agencies, NYC Community Development Agency, NYC Human Resources Administration, the Veteran’s Administration or any other related agency to verify the information I am submitting.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Discount level is determined by type of benefit received and electric service classification.  
Enrollment must be renewed every 18 months.