

Discount Rate Application



Rhode Island Energy™
a PPL company

Yes, I would like to apply for Rhode Island Energy's Income Eligible Discount Rate. I authorize the agency(s) providing my benefits to release information to Rhode Island Energy for the purposes of enrollment and annual recertification for the Discount Rate and to notify the company if my benefits are discontinued. I also understand that I must notify Rhode Island Energy if my benefits are discontinued.

I would like to apply the Discount Rate to the following Rhode Island Energy Account(s): Electric Gas Electric and Gas

Rhode Island Energy Electric Account Number:

-

Rhode Island Energy Gas Account Number:

-

Name:	Phone:	
Street Address:	Email:	
City:	State:	Zip Code:

Eligibility Criteria for the Discount Rate:

- You are a Rhode Island Energy residential customer (primary dwelling only),
- Your electric and/or gas bill is in your name,
- You are currently receiving benefits under a means-tested program (see list below) **OR** you are eligible for the Low Income Home Energy Assistance Program (LIHEAP), or its successor program, for which eligibility does not exceed 200% of the federal poverty level based on a household's gross income. In a program year in which maximum eligibility for LIHEAP exceeds 200% of the federal poverty level, a household that is income eligible under LIHEAP shall be eligible for the discount rate.

I receive benefits from the following program(s):

<input type="checkbox"/> Medicaid* <input type="checkbox"/> General Public Assistance (GPA)* <input type="checkbox"/> Rhode Island Works Program*	<input type="checkbox"/> Food Stamps/SNAP (Supplemental Nutrition Assistance Program)* <input type="checkbox"/> Supplemental Security Income (SSI)* <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)*
<i>I understand I am eligible for a 30% discount on my Rhode Island Energy bills.</i>	<i>I understand I am eligible for a 25% discount on my Rhode Island Energy bills.</i>

*Please submit the Benefits Decision Notice you received from the Rhode Island Department of Human Services (DHS). The Benefits Decision Notice must be dated within the past 12 months.

I certify that all of the information provided on this application is true. I receive benefits from the program(s) indicated, the Rhode Island Energy residential account above is in my name, and I am income eligible.

Signature _____ Date _____

For any questions regarding the program, please contact us at the Customer Service telephone number below.

Please submit this application and a copy of supporting eligibility documents:

- **By Mail:** Rhode Island Energy, Attn: Account Protections, PO Box 25215, Lehigh Valley, PA 18002-5215
- **By Fax:** 401-955-6617