Financial Hardship Statement

Rhode Island Energy®
a PPL company

If you are claiming Financial Hardship under the Rules and Regulations Governing the Termination of Residential Electric, Gas and Water Utility Services, please return this form within ten (10) days for an initial application and within forty (40) days if this is a renewal.

In addition to this form, proof of financial hardship is required such as Unemployment Benefit Statement or letter from the Department of Labor and Training, Veterans Administration (VA), tax returns, 3-month paystubs, or SSDI/SSI award letter dated within past year.

Please complete the information on this form, provide proof, and return to us using one of the following methods:

Online: Visit us online at RIEnergy.com/Protections to securely upload the completed form and provide proof.

Fax: 401-955-6617

Mail: Rhode Island Energy
PO Box 25215
Lehigh Valley, PA 18002-5215

Account Holder's Name	**Date**
	Electric Account Number: **Gas Account Number:** **(account numbers must be at the same premise)**
Service Address	**Email Address**

Work: ❑ Yes ❑ No	**Amount per week: $_____** **Amount per month: $_____**
SSI (entire household): ❑ Yes ❑ No	**Amount per month: $_____**
Welfare: AFDC: ❑ Yes ❑ No	**Amount semi-month: $_____**
GPA: ❑ Yes ❑ No	**Amount per week: $_____**
Other (please specify): ❑ Yes ❑ N0	
Total Number in the Household: _____	**Number in the Household Aged 62 or Over: _____**
I, the undersigned do hereby certify the information provided is complete and, the truth, to the best of my knowledge. **Signature: _____ Date: _____**	