

# FINANCIAL HARDSHIP STATEMENT

If you are declaring "Financial Hardship" according to Massachusetts General Laws, Chapter 164, Section 124F, you must complete and return this form to the Berkshire Gas Company within seven (7) days.

Customer Name \_\_\_\_\_

Account Number \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Number of People in Household \_\_\_\_\_

Amount of combined gross income (before taxes) for all members of the household of the customer of record. \$ \_\_\_\_\_ per year

*I, the Undersigned, do hereby certify that the information provided is complete and the truth, to the best of my knowledge.*

Date \_\_\_\_\_ Customer Signature \_\_\_\_\_

Financial Hardship must be renewed quarterly (every 3 months).

If financial hardship certification is denied, you will be notified of the reason for the denial. You have the right to dispute the denial of financial hardship certification by contacting the Massachusetts Department of Public Utilities (MDPU), Consumer Division, 1 South Station 2 West, Boston, MA 02110. You may also call the MDPU at 617-305-3531 or Toll Free at 877-886-5066.

## COMPANY USE ONLY

Date Delivered \_\_\_\_\_ Comments \_\_\_\_\_

Date Returned \_\_\_\_\_

Approved \_\_\_\_\_ Co. Rep. \_\_\_\_\_

Rejected \_\_\_\_\_ Co. Rep. \_\_\_\_\_

## MAIL TO THE BERKSHIRE GAS COMPANY

P.O. Box 1388, Pittsfield, MA 01202

Telephone: 800-292-5012