

If you are claiming financial hardship, please complete this Financial Hardship Statement and fax or mail it within seven (7) days to:

Eversource
 Credit and Collection Center
 P.O. Box 270
 Hartford CT 06141-0270
 Fax: 866-438-6476

FINANCIAL HARDSHIP STATEMENT

Customer Name: _____

Account Number: _____

Phone Number: (____) _____ - _____

Address: _____

Number of People
in your Household: _____Total Household
Income (before taxes) \$ _____Have you applied for fuel assistance? Yes No*

*If not, and you wish to establish a payment plan, please complete the following:

I am unable to pay all of my overdue electric bill at this time. I agree to pay
 \$ _____ of the overdue amount each month, plus my current bills as received.

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

Signature: _____ Date: _____

For Office Use OnlyDate Received: _____ Accepted Rejected

Company Representative: _____

Resubmittal Date: _____ Resubmittal Waived Accepted Rejected

Company Representative: _____