

# Energy Affordability Program Application

If you receive benefits from a governmental assistance program, you may qualify for a discount. Please fill out this form and return it to us with your supporting documentation via email, fax, or mail.

Customer (Account Owner):		Benefit Qualifying Person, if different than customer:					
Mailing Address:					Apartment/Unit Number (if applicable):		
City:		State:		ZIP Code:		Phone:	
Account Number:		Email:					

## Qualifying Assistance Programs

Please select the qualifying assistance programs in which you're enrolled. You must be enrolled in at least one program to qualify for this discount.

- |   |   |
|---|---|
| <input type="checkbox"/> Home Energy Assistance Program (HEAP)            | <input type="checkbox"/> Utility Guarantee / Direct Vendor programs                                   |
| <input type="checkbox"/> Lifeline Telephone Service Program (Lifeline)    | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)                               |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Safety Net Assistance  |
| <input type="checkbox"/> Medicaid   | <input type="checkbox"/> Bureau of Indian Affairs General Assistance (if living on tribal lands)      |
| <input type="checkbox"/> Veterans Disability or Survivors Pension         | <input type="checkbox"/> Head Start (if living on tribal lands)                                       |
| <input type="checkbox"/> Supplemental Security Income (SSI)               | <input type="checkbox"/> Tribal TANF (if living on tribal lands)                                      |
| <input type="checkbox"/> Federal Public Housing Assistance                | <input type="checkbox"/> Food Distribution Program on Indian Reservations (if living on tribal lands) |

## Eligibility Requirements

To prove participation in one of the above programs, customers must submit an award letter or a document that includes their name or the name of their Benefit Qualifying Person (BQP), the name of the qualifying program, and the government, Tribal entity, or program administrator that issued the document. All documentation must have an issue date within the last 12 months or a future expiration date that aligns with the benefit period.

If the name of the Benefit Qualifying Person (BQP) is different than the name on the Con Edison account, we will accept and enroll customers into the program as long as the address on the award letter or document is the same as what is on the account.

## Customer/Benefit Qualifying Person Certification and Authorization

(If the customer is applying based on BQP's enrollment in a qualifying program, both the customer and BQP must sign below.)

I certify that the information above is correct. By signing this form, I allow Con Edison to share and verify information in my application or documentation for this program with third parties. I also allow third parties to give Con Edison, or representatives or agencies of the federal, state, or local government, information or documentation requested about me related to this and related programs. This information will be shared to help process my application and for ongoing participation and compliance with the program. Information that Con Edison and a third party may share about me:

- Information about my application, program participation, and eligibility.
- Information and documentation about utilities, payment history, employment history, income, application status, and award information for benefits or utilities assistance.

**If you need assistance, call 1-800-752-6633.**

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

Benefit Qualifying Person Signature (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

## How to Submit Your Form and Required Documentation



1. Complete your Energy Affordability Program Application



2. Find your award letter or required documentation proving participation in at least one qualifying program



3. Mail, Fax, or Email your application and participation proof to:

*Email:* [LowIncomeRate@conEd.com](mailto:LowIncomeRate@conEd.com)

*Fax:* 1-212-844-0110

*Mail:* **ATTN: Energy Affordability Program**  
**Con Edison PA Central**  
4 Irving Place, 9FL NE Box 34  
New York, NY 10003