You may qualify for a discount on your monthly energy bill if you receive benefits from the following eligible governmental assistance programs.

<table>
<thead>
<tr>
<th>You’ll be enrolled automatically if an agency notifies us that you receive:</th>
<th>If you only receive benefits from the following program(s), you must apply to enroll:</th>
</tr>
</thead>
<tbody>
<tr>
<td>— Home Energy Assistance Program (HEAP)</td>
<td>— Medicaid</td>
</tr>
<tr>
<td>— Supplemental Nutrition Assistance Program (SNAP) – NYC SNAP, Westchester SNAP</td>
<td>— Federal Public Housing Assistance</td>
</tr>
<tr>
<td>— Supplemental Security Income (SSI)</td>
<td>— Veterans Pension and Survivors Benefit</td>
</tr>
<tr>
<td>— Direct Vendor or Utility Guarantee</td>
<td>— Lifeline Telephone Service Program (Lifeline)</td>
</tr>
<tr>
<td>— Temporary Aid to Needy Families (TANF) – NYC TANF; Westchester TANF</td>
<td>If living on tribal lands:</td>
</tr>
<tr>
<td>— Safety Net Assistance (SNA) – NYC SNA, Westchester SNA</td>
<td>— Bureau of Indian Affairs General Assistance</td>
</tr>
</tbody>
</table>

*You can check your enrollment status on page 1 of your bill under Adjustment Information.

**How to Submit Your Form and Required Documentation**

1. Complete your Energy Affordability Program Application online at conEd.com/EAP.
2. Find your award letter or required documentation proving participation in at least one qualifying program.
3. You can email, fax, or mail a copy of your application and participation proof to:
   *You can also provide proof and complete an application at our Walk-In-Centers.*

**Email:** EAP@conEd.com

**Fax:** 1-212-844-0110

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

Email: _____________________________

Account Number: _____________________________

Customer / Account Owner: _____________________________

Benefit Qualifying Person, if different than customer: _____________________________

Mailing Address: _____________________________

Apartment / Unit Number, if applicable: _____________________________

City: _____________________________

State: _____________________________ Zip Code: _____________________________ Phone: _____________________________

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.

☐ Home Energy Assistance Program (HEAP) ☐ Utility Guarantee / Direct Vendor programs
☐ Lifeline Telephone Service Program (Lifeline) ☐ Temporary Assistance for Needy Families (TANF)
☐ Supplemental Nutrition Assistance Program (SNAP) ☐ Safety Net Assistance
☐ Medicaid ☐ Bureau of Indian Affairs General Assistance (if living on tribal lands)
☐ Veterans Disability or Survivors Pension ☐ Head Start (if living on tribal lands)
☐ Supplemental Security Income (SSI) ☐ Tribal TANF (if living on tribal lands)
☐ Federal Public Housing Assistance ☐ 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.

Customer Signature: _____________________________ Date: _____________________________

Benefit Qualifying Person / Signature if applicable: _____________________________ Date: _____________________________