

Energy Affordability Program Application

Discount for eligible residential customers



Please complete this form and return to Orange and Rockland with Supporting Documents by email, fax, or direct mail:

Email: orulowincome@oru.com
Fax: 1-914-925-9235

Mail: **ATTN: Energy Affordability Program**
Orange and Rockland Customer Assistance
390 W. Route 59
Spring Valley, NY 10977

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

Please check the program from which you (or the Benefit Qualifying Person) now receive assistance:

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

Eligibility Requirements (Please Read before submitting)

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 you are already receiving "Electric/Gas HEAP credit" on your bill, you are already enrolled in the program, Do Not need to submit this application.**

Customer/Benefit Qualifying Person (BQP) Certification and Authorization

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

I certify that the information above is correct. By signing this form, I allow Orange and Rockland to share and verify information in my application or documentation for this program with third parties. I also allow third parties to give Orange and Rockland, 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 Orange and Rockland 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:

Best Qualifying Person
Signature (if applicable)

Date:

Contact Orange & Rockland Customer Services at: 1-877-434-4100