



## BELD CUSTOMERS RIGHT TO ELECTRIC SERVICE

In accordance with Massachusetts Department of Public Utilities (DPU) regulations, Braintree Electric Light Department (BELD) has developed procedures that provide special protection against electricity shut-off due to overdue electric bills.

### PAYMENT PLANS

If you are unable to pay your bill in full, Braintree Electric Light Department will assist you in setting up a payment plan to pay the overdue balance over a period of at least four months—as long as each month's current charges are paid on time.

### RIGHTS TO UTILITY SERVICE FOR RESIDENTIAL CUSTOMERS DURING FINANCIAL HARDSHIP

If you cannot pay your electric bill because of a financial hardship and there exists a serious illness, or there is an infant under the age of 12 months, or all adults living in the home are over the age of 65 and there is a minor child in the residence, or if it is between November 15 and March 15, we will not shut off your utility service. To protect yourself, call us immediately and we will send you a financial hardship statement, which you must complete and return. In addition, you must provide the necessary documentation outlined below within seven (7) days.

#### Serious Illness and Financial Hardship

Initially, your registered physician, physician assistant, nurse practitioner or local Board of Health official can call us to let us know of a serious medical condition. Within seven days of this phone call, you must return the financial hardship statement and your registered physician, physician assistant, nurse practitioner or local Board of Health official must write to us and confirm the name and address of the seriously ill person and certify that the medical condition is acute or chronic and provide the business address and telephone number of the doctor or agency. The statement must be renewed quarterly or semi-annually if certified to be chronic.

#### Winter Protection and Financial Hardship

If you cannot pay your utility bills due to financial hardship and electric service provides heat or operates the heating system, and your service was not shut off for non-payment prior to November 15. Contact us by phone immediately and send in a financial hardship statement.

#### Adults Over 65 Plus Minor Child and Financial Hardship

To qualify, please contact us by phone immediately. Within seven days of the call, you must return the financial hardship statement and send us the name, address, and birthdate of the adults over 65 and the name and birthdate of the minor.

#### Infant Under the Age of 12 Months and Financial Hardship

To qualify, please contact us by phone immediately. Within seven days of the call, you must return the financial hardship statement and send us the name, address, and birthdate of the child and one of the following:

- Birth certificate
- Documentation showing that the child resides with the customer of record
- Official records or letter from a registered physician, physician assistant, nurse practitioner, or local Board of Health, hospital, or government official
- Letter from the Department of Transitional Assistance
- Letter from a clergyman, or religious institution

#### NOTICE TO ELDERLY CUSTOMERS

If all residents in your household are 65 or older we won't shut off your electric service without the prior consent of the Massachusetts Department of Public Utilities (DPU). If you cannot pay your bill in full, you may be able to work out a payment plan with us. If you have any questions, or want further information, call us at the number below. To protect yourself, please call us immediately if all residents in your home are 65 years of age or older.

#### RIGHT TO DISPUTE YOUR UTILITY BILL

If you think your bill is incorrect, or you wish to dispute all or part of your bill, please call 781.348.BELD (2353) or write:

Braintree Electric Light Department  
CUSTOMER SERVICE DEPARTMENT  
150 Potter Road  
Braintree, MA 02184

If you are not satisfied with our investigation or the payment plan we have offered on the overdue portion of your bill, you may appeal by writing the Massachusetts Department of Public Utilities, Consumer Division, One South Station, Boston, MA 02110, or by calling 617.737.2836 or 877.886.5066 (toll free). Or by visiting [www.mass.gov](http://www.mass.gov).

Failure to file or renew Financial Hardship Statements and the required certification information when due, or to make payments as agreed under a payment plan, may result in termination of electric service.

# FINANCIAL HARDSHIP APPLICATION

Account Holder Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

## PLEASE SELECT WHICH PROTECTION PROGRAM YOU ARE APPLYING FOR:

- Medical Protection- Serious or Chronic Illness:** someone in your household has a serious or chronic medical condition that requires your utilities to remain on. A letter from a qualifying professional is required for proof of protection along with the Financial Hardship Statement.
- Infant Protection:** a child under 12 months resides in your household. Your account will be protected until the child turns 1 year old. An official qualifying document is required for proof of protection along with the Financial Hardship Statement.
- Adults Over 65 plus Minor Child:** If all adults of your household are 65 years of age or older and a minor resides in the home.
- Winter Protection and Financial Hardship:** If you cannot pay your utility bills due to financial hardship and electric service provides heat or operates the heating system, and your service was not shut off for non-payment prior to November 15. Contact us by phone immediately and send in a financial hardship statement.

**You must submit proof along with this application to be approved for a protection claim.** See below for what is required:

### For Medical Protection:

The letter must be on Medical Professionals Letterhead, include a signature of a Doctor, Nurse Practitioner, Physician's Assistant, or member of local Board of Health. It must state the name and address of seriously ill person and whether the illness is serious (90 day protection) or chronic (180 day protection).

### For Infant Protection:

You must submit a document to prove the child is under 12 months old: a valid birth certificate, or a letter or official documents issued by a registered physician, physician's assistant, nurse practitioner, local board of health, hospital or government official, Dept of Transitional Assistance, clergyman, or religious institution.

**NOTE:** Please fill out the Financial Hardship Form located on the back of this application. You must list all members of your household (including children) and their incomes (even if \$0).

**Braintree Electric Light Department**  
CUSTOMER SERVICE DEPARTMENT  
150 Potter Road  
Braintree, MA 02184

Email: [cservice@beld.com](mailto:cservice@beld.com)  
FAX: 781.348.1002

**Send your documents to the above email, fax number or address and it will be processed for your account.**

# FINANCIAL HARDSHIP STATEMENT

Account Holder Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Electric Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

**List ALL people living in your household (including children).** If any person receives income, list the income source and amount. (Use an additional sheet of paper for any additional household members.)

Name: _____	Date of Birth: _____	Income Amount: _____
Income Source: _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Name: _____	Date of Birth: _____	Income Amount: _____
Income Source: _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Name: _____	Date of Birth: _____	Income Amount: _____
Income Source: _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Name: _____	Date of Birth: _____	Income Amount: _____
Income Source: _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Name: _____	Date of Birth: _____	Income Amount: _____
Income Source: _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Name: _____	Date of Birth: _____	Income Amount: _____
Income Source: _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

**Total Number of People in Household:** \_\_\_\_\_

**Total Monthly Income of Household: \$** \_\_\_\_\_

I do hereby certify that the information above is true and accurate.  
(Braintree Electric Light Department reserves the right to request documents to support this information.)

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_