

BILL DISCOUNT PROGRAM APPLICATION



Discount for Eligible Residential Customers

Note: Submitting this form initiates your application but it does not guarantee acceptance into the program. Central Hudson will review your submission and complete the process.

Account Holder's Name: _____

Benefit Qualifying Person (if different than customer): _____

Mailing Address: _____ Apartment Number: _____

City/Town: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Account Number: _____

Please check the program(s) from which you (or the benefit qualifying person) now receive assistance:

- ☐ Home Energy Assistance Program (HEAP)
- ☐ Lifeline Telephone Service Program (Lifeline)
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Medicaid
- ☐ Veterans Disability or Survivors Pension
- ☐ Supplemental Security Income (SSI)
- ☐ Federal Public Housing Assistance
- ☐ Bureau of Indian Affairs General Assistance (if living on tribal lands)
- ☐ Head Start (if living on tribal lands)
- ☐ Tribal TANF (if living on tribal lands)
- ☐ 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, 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.

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Documentation provided with this application:

Customer/Benefit Qualifying Person Certification and Authorization

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

I certify that the information above is correct. By signing this form, I allow Central Hudson Gas & Electric to share and verify information in my application or documentation for this program with third parties. I also allow third parties to give Central Hudson Gas & Electric, 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 Central Hudson Gas & Electric 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: _____ Date: _____
(if necessary)

**Once completed, please mail, email or fax this form
and required documentation to the Care Unit at:**

Central Hudson Gas & Electric Corporation
ATTN Care Unit
284 South Avenue
Poughkeepsie, NY 12601

Fax: (845) 486-5676 – ATTN Care Unit
Email: Careunit@cenhud.com – ATTN Care Unit