

Yes! I would like to apply for the Columbia Gas Discount Rate program. By signing this form, I authorize the agency responsible for qualifying me for the benefits being received to release information on this application to Columbia Gas of Massachusetts. I authorize the administrator of the program checked to notify the company in the event that my benefits are terminated. I also understand that I must notify Columbia Gas if my benefits are discontinued. By signing this form, I certify all information provided to be true.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / Town

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Columbia Gas of Massachusetts Account Number

Please complete and return to Columbia Gas by mail at:  
Columbia Gas of Massachusetts  
104 Brookdale Drive  
P.O. Box 2025  
Springfield MA 01102-2025

### Energy Efficiency Program

Customers receiving the Columbia Gas Discount Rate may be eligible for a no-cost home energy assessment, which may include the installation of conservation measures at no cost. If you qualify and would like more information, please call us at **1-800-232-0120** or visit us at **ColumbiaGasMA.com**.

MA0719

# Having trouble paying your natural gas heating bill?



You may be eligible for our  
**Discount Rate!**

Read inside to see if you qualify

**Columbia Gas**<sup>®</sup>  
A NiSource Company

# You may be eligible for our Discount Rate if:

1. You receive one of the benefits listed below

2. Your Columbia Gas bill is in your name

3. Your household meets income eligibility requirements

To apply, please fill out the necessary information on the inside and back of this application.

*Please check all that apply. I receive a benefit under the following program(s):*

- Supplemental Security Income
- Transitional Aid to Families with Dependent Children (TAFDC)
- Emergency Aid to Elderly, Disabled and Children (EAEDC)
- Food Stamps/SNAP/WIC
- Refugee Settlement Benefits
- MA Health
- Commonwealth Care Plan Types 1, 2A or 2B, 3A\*\*
- Head Start\*\*
- Public/Subsidized Housing\*\*
- Free or Reduced School Lunch or Breakfast Program\*
- MA Veteran's Benefits (GLC. 115)\*\*

**\*City wide free school meal program participants are not eligible for the discount rate, unless income is certified by the school food service manager.**

**\*\*To enroll in this program, you must submit a copy of an eligibility document displaying your name and address along with this application.**

**Para calificar para el Programa de Descuento de Tarifas, usted debe enviar con esta solicitud una copia de un documento de un programa de elegibilidad que muestre su dirección.**

**If you receive Fuel Assistance, you will be automatically enrolled in the Columbia Gas Discount Rate program.**

Please note, eligibility for the Discount Rate isn't limited to these programs, as other means-tested programs are also eligible. Eligibility for the Discount Rate also qualifies you to enroll in our Residential Arrearage Management Program, which forgives a portion of your past-due balance each time you pay a budget amount based on your individual usage. For more information, please call us at **1-800-882-5454** or visit us at **ColumbiaGasMA.com**.

The Massachusetts Department of Public Utilities requires all gas and electric utilities to make customer information available to the Massachusetts Department of Transitional Assistance (DTA). The DTA will use this information to identify customers who may be eligible for the Columbia Gas Discount Rate. Columbia Gas will automatically enroll all customers determined to be eligible by the DTA into the Discount Rate program. You can choose to exclude your information from the list by calling **1-800-882-5454**.

