

**Are you struggling to make ends meet?  
Are you behind on your National Grid bill?  
Do you want to learn how to save energy and money?**

National Grid's On Track program may be able to help you. This 18-month program provides energy and financial information to customers in need of help. By joining the program and working together with National Grid's staff, you **may be eligible to earn up to \$400 off the arrears** of your account. To qualify, your income must be equal to or less than the following:

<b>Household Size</b>	<b>Monthly Gross Income</b>	<b>Annual Gross Income</b>
1	\$2,366	\$28,400
2	\$3,183	\$38,210
3	\$4,002	\$48,025
4	\$4,819	\$57,825
5	\$5,636	\$67,630
6	\$6,453	\$77,435
7	\$7,270	\$87,250
8	\$8,087	\$97,050

You must also:

- Have a one- or two-family gas heating account in your name, and
- Be currently responsible for paying your gas bill, and
- Not have been enrolled in On Track in the last previous eighteen months.

**It's easier than ever to apply!**

If you have questions about the program, or if you wish to apply, simply call an On Track Representative to conduct an over-the-phone application. No paper application or other documents are required! If you are eligible, you will be enrolled in the program immediately. Call **718-403-2216** between the hours of 9 a.m. and 5 p.m., Monday through Friday. For a Spanish-speaking Representative, please call **718-403-1145**. Or e-mails us at [Ontrackny@nationalgrid.com](mailto:Ontrackny@nationalgrid.com)

Participating customers will receive:

- Individualized customer service,
- An affordable payment plan,
- An On Track Kit full of useful information and helpful tools,
- Information about financial assistance, and more!

Customers who are accepted to the On Track program are to have a National Grid Balanced Billing plan and must arrange a Deferred Payment Agreement.

**Let National Grid help you get On Track!**

On Track is available to the first 2,400 customers who qualify. Don't miss out – apply now!





# Residential Reduced Rate Application

*(Discount Rate for Eligible Residential Customers)*

PLEASE PRINT IN INK, SIGN AT THE BOTTOM OF THE PAGE AND RETURN THIS APPLICATION TO:

NATIONAL GRID  
CONSUMER ADVOCACY  
ONE METROTECH CENTER  
BROOKLYN, NY 11201

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_, NY ZIP: \_\_\_\_\_ Tel. #: \_\_\_\_\_

National Grid Account Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please check the program from which you now receive assistance:

- Home Energy Assistance Program (HEAP)
- Medicaid
- Food Stamps
- Temporary Assistance for Needy Families (Family Assistance)
- Safety Net Assistance - Public Assistance
- Supplemental Security Income (SSI)
- Veteran's Disability Pension
- Veteran's Surviving Spouse Pension
- Child Health Plus

### — Eligibility Requirements —

Please attach a photocopy of **ONE** of the following:

Public Assistance Identification Card, Medicaid Card, Food Stamp Card, award letter from SSI, award letter from HEAP, award letter from the Veteran's Administration, or Child Health Plus Card.

*I certify that the above information is correct. I agree that National Grid may contact the NYS Department of Social Services, the NYC Community Development Agency, or the Veteran's Administration to verify the information I am submitting.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_