



Ashburnham Municipal Light Plant
24 Williams Road, P.O. Box 823, Ashburnham MA 01430-0823
(978) 827-4423 www.amp.org

Financial Hardship Form

Customer Name: _____
Account Number: _____
Service Address: _____
Mailing Address: _____
Telephone #: _____
Email: _____

Financial Statement

If you are claiming "Financial Hardship" under Massachusetts General Laws, Chapter 164, section 124 A or 124 B, please provide the following information and return this form to the address above within seven (7) days.

Number of People in Household: _____

Number of Adults (over age 18) in Household: _____

Total Family Income* (before taxes) _____ per year.

*Income includes the gross amount of all wages, interest, dividends, investment proceeds, disability payments, Social Security, EBT, Transitional Assistance, Fuel Assistance, housing allowances, and all other forms of assistance. Proof of income required.

I, the undersigned, do hereby certify under penalty of perjury that the information provided is complete and the truth to the best of my knowledge.

Account Holder Signature _____ Date _____

Second Account Holder Signature _____ Date _____

Approved Financial Hardship Forms are Valid for Six Months

Office Use Only

Date Received:

Accepted: _____ Rejected: _____

AMLPL Rep:

Qualifying Protection:

Serious Illness Elderly

Infant Winter