

Financial Hardship Statement

Ashburnham Municipal Light Plant
24 Williams Rd. P.O. Box 823
Ashburnham, MA 01430

Date Delivered _____

Customer _____

Address _____

Account No. _____

Telephone # _____

Financial Statement

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

Number of people in household _____

Total family income (before taxes) \$_____ per year.

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

Date _____

Signature _____

Office use only

Date received

Accepted _____ Rejected _____ Dept . Rep. _____

Resubmittal date _____

Resubmittal waived _____ Dept. Rep. _____