

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. \_\_\_\_\_