



## Shut Off Protection Application Form

<b>Customer Name:</b>	
<b>Service Address:</b>	
<b>Phone No:</b>	
<b>Email Address:</b>	
<b>WMLP Account No:</b>	63 -
<b>Application Date:</b>	

If your household qualifies for one of the following four (4) protections, the WMLP will not shut off your electric service. Below, select which type of protection you are claiming and certifying and submit this application form along with the requisite supporting documentation **within seven (7) days**. Within seven (7) days of receipt of your application, the WMLP will notify you if your claim has not been appropriately certified and therefore the date on which your service will be shut off, unless you exercise your right to file an appeal with the Department of Public Utilities (DPU) or for Elderly Protection, we first need to obtain the DPU's written approval. **While your service is protected, you must continue to pay current bills. If you have a past due balance on your bill, you must arrange for payment of past-due amounts.**

**Serious Illness and Financial Hardship Protection - A household member is seriously ill AND you are experiencing financial hardship (M.G.L. Chapter 164, Section 124A and 220 CMR 25.03)**

1. Submit a letter signed by a Registered Physician, Physician Assistant, Nurse Practitioner, or local Board of Health official on the medical professional's letterhead (showing business address and telephone number) that states the name and address of the seriously ill person, the nature of the illness, and whether the serious illness is chronic; and
2. Complete the Financial Hardship Statement located on the back of this application.

**This form and supporting medical documentation must be completed and returned to the WMLP every 90 days or for serious chronic illness, every 180 days.**

**Infant and Financial Hardship Protection – A household member is under 12 months of age AND you are experiencing financial hardship (M.G.L. Chapter 164, Section 124H and 220 CMR 25.03)**

1. Submit a valid Birth Certificate, or a letter or official documents issued by a Registered Physician, Physician Assistant, Nurse Practitioner, local Board of Health official, hospital or government official, Department of Transitional Assistance, clergyperson, or religious institution that states a child under 12 months of age resides in your household; and
2. Complete the Financial Hardship Statement located on the back of this application.

**Elderly Protection - All household members are 65 years of age or older (M.G.L. Chapter 164, Section 124E and 220 CMR 25.05).** Complete the information in the table below and provide valid proof of age for all adult household members. Valid proof includes copy of Driver's License, Birth Certificate, Passport, Military ID, or Marriage Certificate.

You may also designate a person of your choice to receive our notification of past due bills, collections, shut offs, and your right to file an appeal with the DPU. The third party is not responsible for, nor obligated to pay, your bills. Please contact our Customer Service team at 781-235-7600 or [wmlp@wellesleyma.gov](mailto:wmlp@wellesleyma.gov).

**Elderly with Minor and Financial Hardship Protection - All adult household members are 65 years of age or older, all other household members are under 18 years of age, AND you are experiencing financial hardship (220 CMR 25.03).**

1. Complete the information in the table below and provide valid proof of age for all adult and minor household members. Valid proof includes copy of Driver's License, Birth Certificate, Passport, Military ID, or Marriage Certificate; and
2. Complete the Financial Hardship Statement located on the back of this application.

Name of Household Member	Adult or Minor	Date of Birth	Signature if Adult

**Return your completed application form and requisite supporting documentation to:**

Wellesley Municipal Light Plant  
4 Municipal Way  
Wellesley, MA 02481

by **fax** at 781-237-1949; or **email** to [wmlp@wellesleyma.gov](mailto:wmlp@wellesleyma.gov)

## Financial Hardship Statement

Customer Name:	
Service Address:	
Phone No:	
Email Address:	
WMLP Account No:	63 -

No. of People in Your Household	
Total Household Income, before taxes from <u>all persons living in the home to include wages, unemployment, social security, supplemental security income (SSI), social security disability insurance (SSDI), child support, veteran benefits, gross rental or business income, and interest income from savings, bonds, annuities, etc.</u> )	

I am currently receiving assistance from the South Middlesex Opportunity Council's (SMOC) Home Energy Assistance Program (HEAP).

**I do certify that the information provided above is complete and true to the best of my knowledge.  
(The WMLP reserves the right to request documents to support this information)**

Date:	
Signature:	