



Financial Hardship Statement

Rhode Island Energy[®]

a PPL company

If you are claiming Financial Hardship under the Rules and Regulations Governing the Termination of Residential Electric, Gas and Water Utility Services, please return this form within ten (10) days for an initial application and within forty (40) days if this is a renewal.

In addition to this form, proof of financial hardship is required such as Unemployment Benefit Statement or letter from the Department of Labor and Training, Veterans Administration (VA), tax returns, 3-month paystubs, or SSDI/SSI award letter dated within past year.

Please complete the information on both sides of this form and return it to Rhode Island Energy using one of the following methods.

Fax: 401-955-6617

Mail: Rhode Island Energy
PO Box 25215
Lehigh Valley, PA 18002-5215

Account Holder's Name	Date
	Electric Account Number: Gas Account Number: (account numbers must be at the same premise)
Service Address	Email Address

Income Information - Source of Gross Income

Work: ☐ Yes ☐ No	Amount per week: \$_____ Amount per month: \$_____
SSI (entire household): ☐ Yes ☐ No	Amount per month: \$_____
Welfare: AFDC: ☐ Yes ☐ No	Amount semi-month: \$_____
GPA: ☐ Yes ☐ No	Amount per week: \$_____
Other (please specify): ☐ Yes ☐ NO	
Total Number in the Household: _____	Number in the Household Aged 62 or Over: _____ Number in the Household Disabled: _____
I, the undersigned do hereby certify the information provided is complete and, the truth, to the best of my knowledge.	
Signature: _____ Date: _____	