

# FINANCIAL HARDSHIP STATEMENT

Unitil cannot shut off your gas and/or electric service, if you are unable to pay any overdue bill or any portion thereof because of financial hardship **and...**

- 1) You or someone living in your home is seriously ill, **or**
- 2) You have a child under 12 months of age in your home, **or**
- 3) Between November 15th and March 15th, your utility service provides heat or operates the heating system in your home.

**If you are claiming financial hardship, please complete the statement on the back and return within seven days to:**

**Unitil Credit Department  
P.O. Box 2015  
Concord, NH 03302-2015**



30384-1-0059

## For Company Use

Date Received: \_\_\_\_\_

Accepted: \_\_\_\_\_

Rejected: \_\_\_\_\_

# FINANCIAL HARDSHIP STATEMENT

(Please complete this section)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Unitil Account Number.: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Number of People in Household: \_\_\_\_\_

Total Household Income (before taxes): \$\_\_\_\_\_ per year

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Have you applied for fuel assistance? Yes: \_\_\_\_ No: \_\_\_\_

If you wish to establish a payment plan, please complete the following:

I am unable to pay all of my overdue gas and/or electric bill at this time.

I agree to pay \$\_\_\_\_\_ of the overdue amount each month, plus my current bill as received.