

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
5 McGuire Street
Concord, NH 03301-4622
Fax: 603-227-4784**



Unitil
energy for life

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.