conEdison

Energy Affordability Program

You may qualify for a discount on your monthly energy bill if you receive benefits from the following eligible governmental assistance programs.

You'll be enrolled automatically if an agency notifies us that you receive:	If you only receive benefits from the following program(s), you must apply to enroll:
— Home Energy Assistance Program (HEAP) — Direct Vendor or Utility Guarantee — Temporary Aid to Needy Families (TANF) – NYC TANF; Westchester TANF — Safety Net Assistance (SNA) – NYC SNA, Westchester SNA *You can check your enrollment status on page 1 of your bill under Adjustment Information.	— Supplemental Nutrition Assistance Program (SNAP) – NYC SNAP, Westchester SNAP — Supplemental Security Income (SSI) — Medicaid — Federal Public Housing Assistance — Veterans Disability or Survivors Pension — Lifeline Telephone Service Program (Lifeline) **If living on tribal lands:** — Bureau of Indian Affairs General Assistance — Head Start — Tribal TANF — Food Distribution Program on Indian Reservation (FDPIR)

How to Submit Your Form and Required Documentation

1. Complete your Energy Affordability Program Application online at conEd.com/EAP.
2. Find your award letter or required documentation proving participation in at least one qualifying program.
3. You can email, fax, or mail a copy of your application and participation proof to:
   *You can also provide proof and complete an application at our Walk-In-Centers.

Email: EAP@conEd.com

Fax: 1-212-844-0110

Mail: **Con Edison EAP**
P.O. Box 138
Cooper Station
New York, NY 10276-0138

Tanpri fè yo tradwi mesaj enpòtan sa a.
Proszę o przetłumaczenie tej ważnej wiadomości.
Попросите перевести это важное сообщение.
이 중요 메시지를 번역해주시기 바랍니다.

請完成此重要訊息的翻譯。
Por favor, este mensaje debe traducirse.
يُرجى ترجمة هذه الرسالة الهامة.
ביטע זעצט איבער דעם וויכטיגן מעסעדזש.

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Energy Affordability Program Application

If you receive benefits from a governmental assistance program, you may qualify for a discount. Please fill out this form and return it to us with your supporting documentation via email, fax, or mail.

Customer / Account Owner:

Benefit Qualifying Person, if different than customer:

Service Address:

Apartment / Unit Number, if applicable:

City:

State: Zip Code: Phone:

Account Number:

Email:

Qualifying Assistance Programs

Please select the qualifying assistance programs in which you're enrolled. You must be enrolled in at least one program to qualify for this discount.

- ☐ Home Energy Assistance Program (HEAP)
- ☐ Lifeline Telephone Service Program (Lifeline)
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Medicaid
- ☐ Veterans Disability or Survivors Pension
- ☐ Supplemental Security Income (SSI)
- ☐ Federal Public Housing Assistance
- ☐ Utility Guarantee / Direct Vendor programs
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Safety Net Assistance
- ☐ Bureau of Indian Affairs General Assistance (if living on tribal lands)
- ☐ Head Start (if living on tribal lands)
- ☐ Tribal TANF (if living on tribal lands)
- ☐ Food Distribution Program on Indian Reservations (if living on tribal lands)

Eligibility Requirements

To prove participation in one of the above programs, customers must submit an award letter or a document that includes their name or the name of their Benefit Qualifying Person (BQP), the name of the qualifying program and the government Tribal entity, or program administrator that issued the document. All documentation must have an issue date within the last 18 months or a future expiration date that aligns with the benefit period.

If the name of the Benefit Qualifying Person (BQP) is different than the name on the Con Edison account, we will accept and enroll customers into the program as long as the address on the award letter or document is the same as what is on the account.

Customer/Benefit Qualifying Person Certification and Authorization

(If the customer is applying based on BQP's enrollment in a qualifying program, both the customer and BQP must sign below.)

I certify that the information above is correct. By signing this form, I allow Con Edison to share and verify information in my application or documentation for this program with third parties. I also allow third parties to give Con Edison, or representatives or agencies of the federal, state, or local government, information or documentation requested about me related to this and related programs. This information will be shared to help process my application and for ongoing participation and compliance with the program. Information that Con Edison and a third party may share about me:

- Information about my application, program participation, and eligibility.
- Information and documentation about utilities, payment history, employment history, income, application status, and award information for benefits or utilities assistance.

Customer Signature: Date:

Benefit Qualifying Person / Signature if applicable: Date: