



CITIZENS
ENERGY
CORPORATION
A NON-PROFIT ENERGY COMPANY

JOE-4-SUN: LOW-INCOME ENERGY ASSISTANCE PROGRAM

PROGRAM ELIGIBILITY

The applicant must:

- Be a low-income ratepayer in Eversource or National Grid service territories.
- Submit a copy of every page of your most recent electricity bill. A disconnection notice will not satisfy this requirement.
- Sign and submit the attached SMART Participant Disclosure Form with both pages filled out.

*Si usted necesita este documento traducido, por favor llama a (855)563-4786
o envíenos un correo electrónico a joe4sun@citizensenergy.com*

APPLICANT INFORMATION

Please **PRINT** all information clearly.

First Name: _____ Last Name: _____

Email (if applicable): _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

☐ Check here if you are member of
the Mashpee Wampanoag Tribe or
Aquinnah Wampanoag Tribe.

Electricity Provider: Eversource National Grid

Account Number: _____

How did you hear about us? _____

SIGNATURE

By signing this form below, I hereby attest that the information provided in this application is true and accurate. I also acknowledge that I have received the Citizens Energy Corporation Terms and Conditions and I hereby agree and accept the conditions within.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

Please email your completed application, a copy of every page of your electric bill, and both pages of your completed SMART Participant Disclosure Form to:

joe4sun@citizensenergy.com, or mail it to:

Citizens Energy Corporation
Attn: JOE-4-SUN
2 Seaport Lane, Suite 5C
Boston, MA 02210