

ENERGY EFFICIENCY IS AVAILABLE FOR EVERYONE

Liberty Utilities is a proud member of Mass Save®, which is an initiative sponsored by Massachusetts' gas and electric utilities and energy efficiency service providers. Residential energy efficiency programs are available, such as a free Home Energy Assessment (audit), high efficiency equipment rebates, and 0% financing for qualified customers' energy efficiency improvements. Income eligible residential customers may also be able to receive benefits with no out-of-pocket costs to them. Businesses can also take advantage of a variety of energy and cost savings measures.

Please visit www.libertyutilities.com or masssave.com for more information.

THIRD PARTY NOTIFICATION SERVICE

Liberty Utilities offers customers a service known as "Third Party Notification." This service allows Liberty Utilities, with your permission, to notify a friend, relative or neighbor if your gas bill is overdue. This service is particularly helpful for those who would like a reminder to pay their bill or who may need help managing their bills. The person you select as your "third party" is not responsible for paying your bill, only for reminding you to pay it if it becomes overdue. To enroll in this service, please complete and mail the Third Party Notification Service request form.

PAYMENTS AT PAY STATIONS

To protect yourself and your natural gas service, please use caution when paying your bill in person at a third-party payment center. Some local stores may accept utility payments as a courtesy to their customers, but we cannot guarantee that payments made at unauthorized locations will be posted to your account on time or even received by Liberty Utilities. Authorized pay stations for Liberty Utilities are listed on our website — www.libertyutilities.com. Also, it is a good idea to always keep your receipt in case you must verify a payment.

PAYMENT ARRANGEMENTS

Liberty Utilities offers convenient payment arrangements for managing past due balances. Once a good faith payment is made to the account, the remaining balance can be spread out over a period of two to six months. The monthly payment will be calculated based on the past due amount plus any charges accrued during the current billing cycle. To establish a payment arrangement on your account, please contact our Customer Care Center at (800) 544-4944.

BUDGET BILLING PLANS

Monthly payment plans are available to spread the cost of your natural gas more evenly throughout the year. This free service is available to all of our residential customers. Knowing your monthly payment in advance can make it easier to manage your household energy payments from season to season. Here is how the plan works:

- Your initial budget amount is based on your average monthly bill from the previous twelve (12) months. If your account has been open for less than twelve months, the budget amount will be estimated.
- After six (6) months, your budget billing plan will be reviewed and may be adjusted to reflect changes in gas costs or your actual usage for this six-month period.
- Your twelfth month bill will reflect the difference between your actual usage and your budget billing plan payments for the year. This difference could be a credit or an outstanding balance. For more information, please contact the Customer Care Center at (800) 544-4944.

ARREARAGE MANAGEMENT PROGRAM (AMP)

Liberty Utilities' Arrearage Management Program (AMP) provides financial assistance to eligible low-income customers with active accounts that have outstanding bills in arrears.

Under the AMP program, eligible low-income customers may qualify for forgiveness of past due utility bills and program participants receive monthly credits to their past due account once all the program requirements have been met (some restrictions may apply). Participation in the Arrearage Management Program and forgiveness of the past due balance is extended only once, unless extenuating circumstances have occurred. The Manager of Customer Relations will evaluate requests for re-enrollment into the AMP program.

Eligibility

The following eligibility guidelines must be met to qualify for the Arrearage Management Program (AMP):

- Must be the customer of record at the premise (not a landlord account);
- The customer of record must reside at the location where the utility service is provided;
- Must have outstanding bills with a minimum of \$300.00 in arrears and sixty (60) days past due;
- Must be eligible for the company's low-income discount rate; and
- Must not be shutoff for non-payment.

How to Apply

You may apply for this program by calling the Customer Care Center at (800) 544-4944.

AMP Benefit

The AMP program provides forgiveness of all past due bills of eligible low-income residential customers.

Program Requirements

Customers approved for the AMP program must:

1. Enter into a monthly payment plan that includes:
 - a. Current bill amount
 - b. Future projected bills for the term of the payment plan less any projected fuel assistance payments
2. Pay the monthly amount agreed to in order to receive the monthly AMP credit. After six (6) months, your budget billing plan will be reviewed and may be adjusted to reflect changes in gas costs or your actual usage for this six-month period. You will be notified if the budget amount will be changed.
3. Apply for, and agree to participate in, all other financial assistance programs available (e.g. fuel assistance, weatherization/conservation, etc.).

Failure to pay the monthly amount agreed to will result in termination of the payment agreement, and any remaining AMP benefit will be forfeited. The AMP payment plan may be reinstated if all missed payments along with the current payments are made.

**Aviso importante. Faça favor de traduzir imediatamente.
Avis important. Veuillez traduire immédiatement.
Aviso importante: por favor tradúzcalo inmediatamente.**

Important information and Enrollment Forms for Customers Requesting Protected Status

Age 65 and Older Protection

In Massachusetts, if you and everyone living in your home are 65 years old or older **OR** if everyone in the residence is 65 years or older and has a minor also in the residence, you are eligible for special protection from the termination of your natural gas service as a result of an arrearage on your natural gas account.

Other Protections

Your natural gas service cannot be shut off, or will be restored, if you provide certification to Liberty Utilities that you are unable to pay any overdue bill because of financial hardship, and:

- Someone living in your home is seriously ill; or
- A child under 12 months old lives in your home; or
- Between November 15th and March 15th natural gas is used as your primary heating fuel and your service was not shut off for non-payment before November 15th.

Customer Care Center

It is the customer's responsibility to contact Liberty Utilities to apply for protected status. To make a payment arrangement or for more information about the protections listed in this brochure, please contact us at **(800) 544-4944**.

Hearing & Speech Impaired: **Dial 711**

Gas Leak Emergency Number: **(800) 936-7000**

Web Site: www.libertyutilities.com

Hours

Liberty Utilities' Customer Care Center telephone hours are 8:00am to 4:30pm, Monday through Friday.

Low Income Home Energy Assistance Program (LIHEAP) Agencies

Fall River

Citizens for Citizens
(508) 679-0041

North Attleboro

Self Help
(508) 226-4192



Financial Hardship Certification Request Form *(certification required quarterly)*

Yes, I would like to apply for Liberty Utilities' Low-Income Discount Rate. I authorize the agency or agencies providing my benefits to release information to Liberty Utilities for the purpose of enrollment and annual recertification for the Discount Rate and to notify the company if my benefits are discontinued. I also understand that I must notify Liberty Utilities if my benefits are discontinued.

Account Number _____ Social Security Number *(optional)* _____

Name _____ Telephone Number _____

Address _____

City _____ State _____ Zip _____

Eligibility criteria for the discount rate:

- You are a residential customer (primary residence only);
- Your gas bill is in your name; and
- Either you are eligible for the low-income home energy assistance program (LIHEAP), or its successor program, for which eligibility does not exceed 60% of the state median income level based on a household's gross income,
- Or you are currently receiving benefits under a means-tested program (CFC, Self-Help, Inc., etc.).

Please check all programs that you are currently receiving benefits from:

- | | | |
|--|---|--|
| <input type="checkbox"/> Emergency Aid to Elders, Disabled, and Children (EAEDC) | <input type="checkbox"/> Public Housing | <input type="checkbox"/> Veterans DIC Surviving Parent or Spouse |
| <input type="checkbox"/> Food Stamps (SNAP) | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Veterans Non Service Disability Pension |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Transitional Aid to Families with Dependent Children (TAFDC) | <input type="checkbox"/> Fuel Assistance |
| <input type="checkbox"/> MassHealth (Medicaid) | <input type="checkbox"/> Veterans' Service Benefits (Chapter 115) | <input type="checkbox"/> Women, Infants and Children (WIC) |

Please provide proof of benefits. Acceptable forms include a copy of the certifying agency's acceptance letter.

I certify that all of the information provided on this application is true. I receive benefits from the program(s) indicated, the Liberty Utilities residential account above is in my name, and I am income eligible.

Signature _____ Date _____

Please mail completed form to: Liberty Utilities, Special Protections, P.O. Box 911, Fall River, MA 02722



SERIOUS ILLNESS Certification Request Form *(certification required quarterly)*

TELEPHONE # 800.544.4944 FAX # 508.730.2332

Our customer _____ has applied for protection of their gas
(Name of Customer)

service from termination because they, or someone living in their household, is suffering from a serious illness. M.G.L. Chapter 164 § 124A provides that the Company may not terminate natural gas service to this customer if you, as a registered physician, physician's assistant, nurse practitioner, or local Board of Health official, certify in writing, that our customer or someone living in the household is suffering from a serious illness. 220 C.M.R. § 25.02 (2)(a).

If you agree that our customer or someone living in their household has a serious illness, please fill out the certification below and indicate whether the illness is chronic. The Certification of serious illness shall be renewed quarterly (every 90 days) unless the illness is chronic. A certificate of chronic serious illness shall be renewed every six (6) months.

CERTIFICATION

I, _____ certify that my patient
(Print Physician's Name)

_____ (Print Patient's Name)

at _____ (Patient's Street Address) _____ (Apartment #) _____ (City and State)

Is suffering from a serious illness (); this illness is chronic (). The nature of the illness is:

(Physician's Signature) _____ (Date)

(Physician's Street Address) _____ (City and State)

(Area Code) (Telephone Number) _____ (Area Code) (Fax Number)

***Please return this certification within seven (7) days of receipt to: Liberty Utilities, P.O. Box 911, Fall River, Massachusetts 02722 or Fax to 508.730.2332.



Elderly (age 65 or older) Protection Certification Form *(certification required annually)*

Customer Name _____ Phone Number _____ Date of Birth _____

Account Number _____ Premise Number _____ Social Security Number *(optional)* _____

Customer Address _____

City _____ State _____ Zip _____

Names of other adult residents in household:

Name _____ Social Security Number *(optional)* _____ Birth Date _____

Name _____ Social Security Number *(optional)* _____ Birth Date _____

Name _____ Social Security Number *(optional)* _____ Birth Date _____

I hereby certify that my household meets the requirements for Elderly Protection and that all the information I've provided is true and accurate. I hereby certify that I am the customer of record for the account specified above, and that I and every other adult in my household are 65 years of age or older. I understand that I must notify Liberty Utilities if I become ineligible for this benefit due to change in the composition of my household through, for example, the addition of an adult under the age of 65.

Signature _____ Date _____

Please mail completed form to: Liberty Utilities, Special Protections, P.O. Box 911, Fall River, MA 02722



Third Party Notification Service Request Form *(certification required annually)*

Customer Name _____ Phone Number _____

Account Number _____ Premise Number _____

Customer Address _____

City _____ State _____ Zip _____

Party to be notified:

Name _____ Phone Number _____

Relationship to Customer *(optional)* _____ Address _____

City _____ State _____ Zip _____

Signature of Customer _____ Date _____

Signature of Party to be Notified _____ Date _____

By signing above, customer and party to be notified give consent to Liberty Utilities to arrange "Third Party Notification" service.

Please mail completed form to: Liberty Utilities, Special Protections, P.O. Box 911, Fall River, MA 02722