

## **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. Authorized pay stations for Liberty Utilities are listed on our website—[www.libertyutilities.com](http://www.libertyutilities.com). Also, it is a good idea to always keep your receipt in case you must verify a payment.

## **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. You will be notified if the budget amount will be changed.
- 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 Customer Service 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.

### **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
- Must not be shutoff for non-payment

### **How to Apply**

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

### **AMP Benefit**

The AMP program provides forgiveness of all past due bills of eligible low-income residential customers. AMP forgiveness credits are capped at \$1,200.00 annually and \$100.00 monthly.

### **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
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.

## **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](http://www.libertyutilities.com) or [masssave.com](http://masssave.com) for more information.

# Special Protections

**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 arrears 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.

### **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 (see *addresses, phone numbers and mailing instructions listed on each form*).



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

**Please check one:**

- I am a Massachusetts resident with a financial hardship and there is a seriously ill resident living at the address listed below. *(please complete the Doctor Certification Form)*
- I am a Massachusetts resident with a financial hardship and there is a child under 12 months old who is a resident living at the address listed below. *(please include photocopy of child's birth certificate with this form)*
- I am a Massachusetts resident with a financial hardship and my service provides heat or operates the heating system and has not been shut off for nonpayment before November 15th. Protection applies for winter moratorium period. *(please complete the form below)*

If you are claiming "financial hardship" under Massachusetts General Law, Chapter 164, Section 124F, please provide the following information and return this form to the address listed below. Pursuant to 220 CMR Chapter 25.03(4), customers claiming financial hardship must recertify their eligibility with the Company on a quarterly basis.

Customer Name		Phone Number
Account Number	Premise Number	Social Security Number <i>(optional)</i>
Customer Address		
City	State	Zip
Number of People in Household	Total Annual Income <i>(all sources)</i>	
Signature	Date	

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



### 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 <i>(optional)</i>	
Customer Address			
City	State	Zip	
Names of other adult residents in household:			
Name	Social Security Number <i>(optional)</i>	Birth Date	
Name	Social Security Number <i>(optional)</i>	Birth Date	
Name	Social Security Number <i>(optional)</i>	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 resident of my household are 65 years of age or older.

Signature	Date
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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 <i>(optional)</i>	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



### Doctor Certification Form *(re-certification quarterly for serious illness; every 6 months for chronic illness)*

In order to qualify for protected status due to your illness, you are required to have your doctor certify your status by completing the form below. Mail or bring this form to your doctor. Both you and your doctor must sign this form and he or she must return it to us according to the mailing instructions at the bottom of this form.

**Instructions to Doctor:**

Your patient has requested protected status (he or she has a serious illness) as a customer of Liberty Utilities. After obtaining the patient's signature (see below), please provide the following information including your signature:

Nature of Illness/Handicap		Is the condition chronic? <i>(please circle)</i> YES / NO
Is recovery dependant on use of gas? <i>(please circle)</i> YES* / NO		*If yes, please explain how
Doctor's Name <i>(please print)</i>	Doctor's Signature	Date
Doctor's Address		
Name and Age(s) of Child(ren) under 12 Months of Age		
Customer's (Patient's) Name <i>(please print)</i>	Customer's (Patient's) Signature	
Customer's (Patient's) Address		

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



### Supplemental Security Income (SSI) Recipients *(certification required annually)*

Liberty Utilities offers a low-income discount rate to customers who qualify and receive Supplemental Security Income (SSI) as administered by the Social Security Administration. (This is not the same as Social Security Income.)

- I am presently a customer of record of Liberty Utilities (your name appears on the bill)
- I am presently receiving Supplemental Security Income (SSI)

Customer Name		Phone Number
Account Number	Premise Number	Social Security Number
Customer Address		
City	State	Zip
I authorize the Social Security Administration to disclose to Liberty Utilities that I am currently a recipient of Supplemental Security Income (SSI) benefits. This information is to be used solely to determine my eligibility for Liberty Utilities' SSI discount rate.		
Signature of Customer	Date	

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

**OFFICIAL USE ONLY** Qualifies for SSI:  Yes  No

### Customer Service

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 service 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