

Exhibit D.



PSEG LONG ISLAND

We make things work for you.

**Household Assistance Program
Application**

Residential customers receiving benefits from one or more of the programs below can receive a discount on every bill.

PLEASE FILL IN ONLINE OR IN INK, SIGN AT THE BOTTOM AND RETURN THIS APPLICATION TO:

**PSEG Long Island
ATTN: BOC/Payment Assistance
PO BOX 9083
Melville, NY 11747**

OR By email to consumeradvocacyli@pseg.com

Account Holder: _____
(Last) (First)

Street Address: _____ Apartment #: _____

City: _____, NY ZIP: _____ Telephone #: _____

Email Address: _____

PSEG Long Island Customer ID or Account Number: _____

— Eligibility Requirements —

Please check the program(s) from which you now receive assistance:

- Home Energy Assistance Program (HEAP)
- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Temporary Assistance – Family Assistance (FA)
- Temporary Assistance – Safety Net Assistance (SNA)
- Veteran’s Pension – Non-Service Connected Disability
- Veteran’s Surviving Spouse Pension – Non-Service Connected Disability

— Documentation Required —

Please attach a photocopy of **ONE** of the following:

Current NYS Benefit Identification Card, approval letter from SSI, approval letter from HEAP, or pension letter from the Veteran’s Administration.

I certify that the above information is correct. I agree that PSEG Long Island may contact the Nassau or Suffolk County Social Services Agencies, NYC Community Development Agency, NYC Human Resources Administration, the Veteran’s Administration or any other related agency to verify the information I am submitting.

Signature: _____ Date: _____

Discount level is determined by type of benefit received and electric service classification.
Enrollment must be renewed every 18 months.

Energy Affordability Program Application

Discount rate for eligible residential customers

nationalgrid

Long Island

Please complete this form and return to National Grid by email, fax, or direct mail:

E-mail: EAPLI@nationalgrid.com | Fax: 1-718-643-1716

Mail: ATTN: Energy Affordability Program, National Grid, 2 Hanson Place, Brooklyn, NY 11217

Customer Name:	Benefit Qualifying Person if different than Customer:		
Mailing Address:	Apartment#:		
City:	State: NY	Zip:	Phone:
Account Number:	Email:		

Please check the program from which you now receive assistance:

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

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 12 months or a future expiration date that aligns with the benefit period.

Customer/Benefit Qualifying Person Certification and Authorization

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

I certify that the information above is correct. By signing this form, I allow National Grid to share and verify information in my application or documentation for this program with Third Parties. I also allow Third Parties to give National Grid, or any 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 National Grid 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.

Signature _____ Date _____

Benefit Qualifying Person Signature _____ Date _____

Contact National Grid's Energy Affordability Program Administrators at: 1-718-403-2216

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