

Exhibit C.



Financial Hardship Agreement Instructions

If you are experiencing financial hardship and need a below standard agreement this application is used to document your "paid expenses vs. your income" to determine your ability to make a payment.

Please complete this application and submit it with all the required documents to:

Email: CustomerServiceLI@pseg.com

Fax: 877-276-2107

Once we receive and review all of the required documents, a representative will contact you to discuss the terms of the payment agreement.

Please submit the following items (all that apply):

- 1. This Evaluation of Customer's Ability to Pay application completed in its entirety**
- 2. Income - All household income within the last 30 days for everyone that lives in the home that is 18 years of age or older**

Net Income:

- Pay Stubs (last 30 days)
- Bank statement showing direct deposit/proof of paid bills etc.
- Food stamps award letter
- Other sources of income (provide proof)

We will consider:

- Notarized statement from employer
- Notarized letter from parent, tenant, etc.

Notarized letters should include date received and dollar amount

3. Expenses - Proof of PAID expenses within the past 30 days

Only PAID Bills:

- Mortgage/Rent receipt
- Heating oil
- Gas
- Electric
- Propane
- Car/Mass transit expenses (car loan, insurance, gasoline, metro card, LIRR)
- Water
- Sewer
- Insurance (homeowners, car or life insurance)
- Medical Expenses (co-pays, insurance, prescriptions)
- Child care
- Education/tuition
- Child support
- DSS payback
- Loans
- Court ordered payments

We will not accept:

- Unpaid bills
- Proof of income or expenses older than 30 days
- Phone or cable bill (allowance already provided)
- Food/Grocery bills (allowance already provided)
- Zero income (you must show the ability to keep the payment agreement)

Please note this financial hardship agreement is a one-time offer for the life of the account and should only be utilized during extreme circumstances. *If there is no household income within the last 30 days, please apply for assistance at the Department of Social Services.*

Evaluation of Customers Ability to Pay Application



EVALUATION OF CUSTOMER'S ABILITY TO PAY

A CUSTOMER MAY BE ELIGIBLE FOR ONE \$10 DEFERRED PAYMENT AGREEMENT (DPA) BASED ON THEIR FINANCIAL CIRCUMSTANCES

CONFIDENTIAL DOCUMENT

APPLICANT INFORMATION:

NAME: _____ DATE: _____
LAST FIRST M.I.

ADDRESS: _____
STREET ADDRESS APARTMENT/UNIT #

CITY STATE ZIP CODE

PHONE: _____ EMAIL _____

EMPLOYER INFORMATION:

EMPLOYERS
NAME: _____ DATE: _____

ADDRESS: _____
STREET ADDRESS APARTMENT/UNIT #

CITY STATE ZIP CODE

PHONE: _____ EMAIL _____

Evaluation of Customers Ability to Pay Application

HOUSEHOLD INFORMATION:

HOUSEHOLD INCOME \$ _____

PLEASE PROVIDE PROOF OF TOTAL HOUSEHOLD INCOME WITHIN THE PAST 30 DAYS FOR ALL ADULTS LIVING IN HOME

PLEASE NAME ALL ADULTS LIVING IN THIS HOUSEHOLD BELOW:

ADULT 1:	_____	MONTHLY INCOME AMOUNT	\$ _____
ADULT 2:	_____	MONTHLY INCOME AMOUNT	\$ _____
ADULT 3:	_____	MONTHLY INCOME AMOUNT	\$ _____
ADULT 4:	_____	MONTHLY INCOME AMOUNT	\$ _____
ADULT 5:	_____	MONTHLY INCOME AMOUNT	\$ _____
ADULT 6:	_____	MONTHLY INCOME AMOUNT	\$ _____

HAVE YOU PROVIDED PROOF OF TOTAL INCOME WITHIN THE PAST 30 DAYS? FOR ALL ADULTS LIVING IN HOUSEHOLD

YES NO

HAVE YOU PROVIDED NET INCOME: 2 BI WEEKLY PAYSTUBS OR 4 WEEKLY PAY STUBS? FOR ALL ADULTS LIVING IN HOUSEHOLD

YES NO

INCOME:

PLEASE LIST ALL CHECKING AND SAVING ACCOUNTS: FOR ALL ADULTS LIVING IN HOUSEHOLD

DO YOU HAVE CHECKING ACCOUNT? PLEASE LIST ALL CHECKING ACCOUNTS BELOW AND PROVIDE BANK STATEMENTS FOR EACH:

YES NO

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CHECKING ACCOUNT 1: _____	BALANCE WITHIN LAST 30 DAYS	\$ _____
CHECKING ACCOUNT 2: _____	BALANCE WITHIN LAST 30 DAYS	\$ _____
CHECKING ACCOUNT 3: _____	BALANCE WITHIN LAST 30 DAYS	\$ _____
CHECKING ACCOUNT 4: _____	BALANCE WITHIN LAST 30 DAYS	\$ _____

DO YOU HAVE SAVINGS ACCOUNT? PLEASE LIST ALL SAVING ACCOUNTS BELOW AND PROVIDE BANK STATEMENTS FOR EACH:

	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

SAVING ACCOUNT 1: _____	BALANCE WITHIN LAST 30 DAYS	\$ _____
SAVING ACCOUNT 2: _____	BALANCE WITHIN LAST 30 DAYS	\$ _____
SAVING ACCOUNT 3: _____	BALANCE WITHIN LAST 30 DAYS	\$ _____
SAVING ACCOUNT 4: _____	BALANCE WITHIN LAST 30 DAYS	\$ _____

HAVE YOU PROVIDED ALL FINANCIAL STATEMENTS (MOST RECENT) FOR CHECKING AND SAVING ACCOUNTS LISTED ABOVE?

	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

HAVE YOU PROVIDED ALL FINANCIAL ASSETS? SUCH AS: STOCKS, BONDS ETC. AND PROVIDED THE FINANCIAL PROOF?

	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

STOCK/BOND 1: _____	AMOUNT	\$ _____
STOCK/BOND 2: _____	AMOUNT	\$ _____
STOCK/BOND 3: _____	AMOUNT	\$ _____
STOCK/BOND 4: _____	AMOUNT	\$ _____

ANY ADDITIONAL SOURCE OF INCOME:

ARE YOU AWARDED FOOD STAMPS? IF YES, YOU MUST ATTACH YOUR FOOD STAMP AWARD LETTER

	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

DO YOU OR ANY ADULT LIVING IN THIS HOUSEHOLD RECEIVE CHILD SUPPORT? PLEASE PROVIDE DOCUMENTATION

	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

DO YOU OR ANY ADULT LIVING IN THIS HOUSEHOLD RECEIVE SSI? PLEASE PROVIDE DOCUMENTATION

	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

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DO YOU OR ANY ADULT LIVING IN THIS HOUSEHOLD RECEIVE SOCIAL SECURITY? YES NO
PLEASE PROVIDE DOCUMENTATION

DO YOU OR ANY ADULT LIVING IN THIS HOUSEHOLD RECEIVE UNEMPLOYMENT? YES NO
PLEASE PROVIDE DOCUMENTATION

ANY OTHER SOURCE OF INCOME NOT LISTED ABOVE: _____

EXPENSES:

PROOF OF PAID EXPENSES WITHIN THE PAST 30 DAYS MUST BE PROVIDED:

DO YOU RENT OR OWN YOUR HOME? RENT OWN
 WHAT IS YOUR MONTHLY MORTGAGE OR RENT PAYMENT? \$ _____

DO YOU PAY THE FOLLOWING UTILITIES IN YOUR CURRENT RESIDENCE: FOR ALL CHECKED YES, PLEASE PROVIDE DOCUMENTATION OF THE LAST 2 PAID BILLS

DO PAY FOR OIL AT YOUR CURRENT RESIDENCE? YES NO
 AMOUNT YOU PAID FOR OIL WITHIN THE LAST 30 DAYS \$ _____

DO PAY FOR GAS AT YOUR CURRENT RESIDENCE? YES NO
 AMOUNT YOU PAID FOR GAS WITHIN THE LAST 30 DAYS \$ _____

DO PAY FOR PROPANE AT YOUR CURRENT RESIDENCE? YES NO
 AMOUNT YOU PAID FOR PROPANE WITHIN THE LAST 30 DAYS \$ _____

DO PAY FOR THE TELEPHONE AT YOUR CURRENT RESIDENCE? YES NO
(\$44 DOLLAR ALLOWANCE) AMOUNT YOU PAID FOR THE TELEPHONE WITHIN THE LAST 30 DAYS \$ _____

DO PAY FOR WATER AT YOUR CURRENT RESIDENCE? YES NO
 AMOUNT YOU PAID FOR WATER WITHIN THE LAST 30 DAYS \$ _____

CABLE BILLS AND CELL PHONE BILLS ARE NOT ACCEPTABLE

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Evaluation of Customers Ability to Pay Application

IF YOU PAY FOR ANY OF THE FOLLOWING ADDITIONAL EXPENSES YOU MUST PROVIDE THE AMOUNT YOU PAID WITHIN THE LAST 30 DAYS AND PROVIDE PROOF OF PAYMENTS

DO YOU PAY FOR <u>FOOD</u> AT YOUR CURRENT RESIDENCE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AMOUNT YOU PAID FOR <u>FOOD</u> WITHIN THE LAST 30 DAYS \$ _____
DO YOU PAY FOR A <u>DEPENDENTS SCHOOL TUITION</u> EXPENSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AMOUNT YOU PAID FOR <u>SCHOOL TUITION</u> WITHIN THE LAST 30 DAYS? \$ _____
DO YOU PAY FOR A <u>DEPENDENTS CHILD SUPPORT</u> EXPENSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AMOUNT YOU PAID FOR <u>CHILD SUPPORT</u> WITHIN THE LAST 30 DAYS \$ _____
DO YOU PAY FOR A <u>DEPENDENTS CHILD CARE</u> EXPENSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AMOUNT YOU PAID FOR <u>CHILD CARE</u> WITHIN THE LAST 30 DAYS \$ _____
DO YOU PAY FOR YOUR <u>OWN EDUCATION</u> EXPENSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AMOUNT YOU PAID FOR <u>YOUR EDUCATION</u> WITHIN THE LAST 30 DAYS \$ _____
DO YOU PAY FOR A <u>MEDICAL CO PAY</u> EXPENSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AMOUNT YOU PAID IN <u>MEDICAL CO PAYS</u> WITHIN THE LAST 30 DAYS \$ _____
DO YOU PAY FOR <u>MEDICAL INSURANCE</u> EXPENSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AMOUNT YOU PAID FOR <u>MEDICAL INSURANCE</u> WITHIN THE LAST 30 DAYS \$ _____
DO YOU PAY FOR <u>MEDICAL LOANS</u> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AMOUNT YOU PAID FOR <u>MEDICAL LOANS</u> WITHIN THE LAST 30 DAYS \$ _____
DO YOU GET <u>DSS</u> PAYBACK?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AMOUNT RECEIVED FOR <u>DSS</u> PAYBACK \$ _____
DO YOU PAY FOR <u>CAR/ MASS TRANSIT</u> EXPENSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AMOUNT YOU PAID FOR <u>MASS TRANSIT</u> WITHIN THE LAST 30 DAYS:
AMOUNT YOU PAID FOR <u>CAR LOAN/LEASE</u> WITHIN THE LAST 30 DAYS:	\$ _____		
AMOUNT YOU PAID FOR <u>CAR LOAN/LEASE</u> WITHIN THE LAST 30 DAYS:	\$ _____		

Evaluation of Customers Ability to Pay Application

AMOUNT YOU PAID FOR CAR INSURANCE WITHIN THE LAST 30 DAYS:

\$ _____

AMOUNT YOU PAID FOR GASOLINE WITHIN THE LAST 30 DAYS:

\$ _____

ANY ADDITIONAL SOURCES OF DEBT:

		YES	NO
DO YOU HAVE ANY <u>BANK LOANS</u> ? PLEASE PROVIDE DOCUMENTATION FOR EACH		<input type="checkbox"/>	<input type="checkbox"/>
LOAN 1:	_____ MONTHLY PAYMENT AMOUNT		\$ _____
LOAN 2:	_____ MONTHLY PAYMENT AMOUNT		\$ _____
LOAN 3:	_____ MONTHLY PAYMENT AMOUNT		\$ _____
LOAN 4:	_____ MONTHLY PAYMENT AMOUNT		\$ _____

		YES	NO
DO YOU HAVE ANY <u>CREDIT LINES</u> ? PLEASE PROVIDE DOCUMENTATION FOR EACH		<input type="checkbox"/>	<input type="checkbox"/>
CREDIT LINE 1:	_____ MONTHLY PAYMENT AMOUNT		\$ _____
CREDIT LINE 2:	_____ MONTHLY PAYMENT AMOUNT		\$ _____
CREDIT LINE 3:	_____ MONTHLY PAYMENT AMOUNT		\$ _____
CREDIT LINE 4:	_____ MONTHLY PAYMENT AMOUNT		\$ _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to an agreement, I understand that false or misleading information in my application may result in termination of the agreement and the agreement will never be reinstated.

Signature: _____ DATE: _____

REVIEWED BY:	Click here to enter text.	DATE:	CLICK HERE TO ENTER A DATE.
APPROVED BY:	CLICK HERE TO ENTER TEXT.	DATE:	CLICK HERE TO ENTER A DATE.