



**A Customer Owned Utility**  
Serving Our Community Since 1894

275 Landry Avenue  
North Attleborough,  
Massachusetts 02760  
508.643.6300  
[www.naelectric.com](http://www.naelectric.com)

# Residential Assistance Electric Rate Application (Rate A5)

To be eligible for this rate:

- Your household income does not exceed 175% of the Federal poverty level;
- You are a residential customer (primary dwelling only);
- Your electric bill is in your name; AND
- You are currently receiving benefits under one of the following programs:  
EAEDC, Food Stamps, Head Start, Mass Health, Mass Commission for the Blind Benefits, National School Lunch Program, Public Housing, School Breakfast Program, Supplemental Security Income, TAFDC, Veterans Chapter 115 Benefits, Veterans DIC Surviving Parent, Veterans Non-Service Pension, Fuel Assistance (includes receipt of benefits or verification of eligibility for the program)

This electric rate will not affect the benefits you currently receive and will reduce your monthly electric bill.

**If you have questions, please call us  
at 508.643.6300 or toll-free at 1.800.394.2662**

**YES! I would like to apply for the Residential Assistance Electric Rate**

**I authorize the agency providing me benefits to:**

1. Release information to North Attleborough Electric Department for enrollment and annual recertification in the discounted rate program.
2. Notify North Attleborough Electric Department if my benefits are discontinued.

I understand that I am also required to notify North Attleborough Electric Department if my benefits are discontinued. Residential Assistance Electric Rate (Rate A5) eligibility must be renewed each year by completing an application provided by NAED.

LAST NAME (PLEASE PRINT)	FIRST NAME	
ADDRESS		
CITY	STATE	ZIP
TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	NAED ACCOUNT NUMBER
SIGNATURE	DATE	

**I am currently receiving benefits under the following programs (please check):**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Supplemental Income           | <input type="checkbox"/> TAFDC                         | <input type="checkbox"/> EAEDC                                  | <input type="checkbox"/> Food Stamps                  |
| <input type="checkbox"/> Public Housing                | <input type="checkbox"/> Head Start                    | <input type="checkbox"/> Mass Health                            | <input type="checkbox"/> Veterans Non-Service Pension |
| <input type="checkbox"/> Veterans Chapter 115 Benefits | <input type="checkbox"/> Veterans DIC Surviving Parent | <input type="checkbox"/> Fuel Assistance Appl # _____           |   |
| <input type="checkbox"/> National School Lunch Program | <input type="checkbox"/> School Breakfast Program      | <input type="checkbox"/> Mass Commission for the Blind Benefits |   |

A recent proof of benefits, along with your application, is required for the following programs: Head Start, Veterans DIC Surviving Parent, Veterans Non-Service Pension, National School Lunch or School Breakfast Program.

*This program is offered by North Attleborough Electric Department. Please allow six to eight weeks for processing.*

AGENCY NAME (MUST BE PROVIDED FOR PUBLIC AND/OR SUBSIDIZED HOUSING)	TELEPHONE
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