



MASSACHUSETTS
**DEPARTMENT OF
ENERGY RESOURCES**

SELF-ATTESTATION OF INCOME for LOW INCOME CUSTOMERS

The SMART program under 225 CMR 20.00 and 225 CMR 28.00 defines Low Income Customer as an End-use Customer that: (a) is on a low income discount rate of a Distribution Company; (b) is a resident in a Low Income Eligible Area; (c) provides documentation of participation in other needs-based programs; (d) is a qualified participant in the Department's Solar for All Program; or (e) self-attests to meeting the Federal Low Income Requirements or the definition of Low Income Customer.

The Department of Energy Resources (DOER) requires that this form be completed if you are seeking to qualify to participate in the SMART program as a low income customer through the self-attestation option in the definition above.

INSTRUCTIONS: This Self-Attestation Form is to be completed, signed, and dated by a member of the applying household. It is a written statement documenting an applicant's affirmation that the gross annual income for the applicant's entire household qualifies as meeting the definition of a low income customer.

ATTESTATION: I hereby confirm my eligibility to qualify as a low income customer for the purposes of participating in the SMART program.

CONTACT INFORMATION:

FULL NAME: _____

STREET ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: MA ZIP CODE: _____

PHONE: _____ EMAIL: _____

HOUSEHOLD OCCUPANCY: _____ Person(s)

I, _____, attest that my household's gross annual income qualifies as meeting the definition of a low income customer under the SMART program.

OR

I, _____ attest that the Qualifying Program(s) which I participate in or receive benefits from is: _____.

- I acknowledge that the information on this form will only be used for the purposes of determining my eligibility as a low income customer. This form will be distributed and retained by the DOER and will only be shared within the DOER or its designee.*
- I understand that the information provided on this form may be subject to verification at any time, and upon request, I may be requested to provide documentation to support the household income or Qualifying Program participation to which I have attested above.*

In signing this document, I declare that all information listed is complete and accurate.

SIGNATURE: _____ DATE: ____/____/_____

Check one or more of the following programs you receive benefits from:

- Commonwealth Care Plan Types 1, 2, or 3A
- Emergency Aid to Elders, Disabled, and Children (EAEDC)
- Fuel Assistance/Home Energy Assistance Program (HEAP)
- Head Start
- Health Safety Net Plan
- Low Income Home Energy Assistance Program (LIHEAP)
- MassHealth
- Massachusetts Solar for All Zero Interest Loan, Solar Lease, or Low Income Community Shared Solar Initiative (SFA)
- National School Lunch Program
- Public or Subsidized Housing
- School Breakfast Program
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Supplemental Nutrition Assistance Program (SNAP)

- Supplemental Security Income (SSI)
- Transitional Aid to Families with Dependent Children (TAFDC)
- Veterans DIC Surviving Parent or Spouse
- Veterans Non-Service Disability Pension
- Veterans' Service Benefits (Chapter 115)