



# HINGHAM MUNICIPAL LIGHTING PLANT

31 Bare Cove Park Drive  
Hingham, MA 02043-1585  
(781) 749-0134 FAX (781) 749-1396

[www.hmlp.com](http://www.hmlp.com)

General Manager  
Thomas Morahan  
tmorahan@hmlp.com

Laura Burns, Chair  
Michael Reive, Vice-Chair  
Joseph Fisher, Secretary

## Income-Adjusted Rate Application

Hingham Municipal Lighting Plant (HMLP) offers qualifying residential customers an Income-Adjusted (IA) Rate. The IA rate removes the customer charge and applies a 15% discount to the capacity, transmission, and distribution charge. You may be eligible for the IA rate if you are currently eligible for fuel assistance or a means-tested benefits program (see list). When completing the application, you **must** submit proof of eligibility in a qualified means-tested benefits program. If you require aid completing the application, please call HMLP's office at 781-749-0134. Additional program information is available at [www.hmlp.com/assistance](http://www.hmlp.com/assistance).

IA rate recipients must reapply annually by **December 20th** to continue receiving the reduced rate for the upcoming year. HMLP will send renewal reminder letters out in November of each year. HMLP will remove customers from the rate if they do not submit a completed application by **December 20** to renew their participation. HMLP will not back-date benefits for late applications. Eligibility will restart for those removed once a completed application and proof of participation in a means-tested benefits program are received. HMLP reserves the right to conclude or adjust this rate at any time.

### Examples of Means-Tested Benefits Programs:

- Low Income Home Energy Assistance Program (LIHEAP/Fuel Assistance)
- Low Income Weatherization Assistance Program (LIWAP)
- Hingham's Property Tax Relief (Income-Based Programs Only)
- State Supplement Program (SSP)
- Supplemental Security Income (SSI)
- MassHealth (Medicaid)
- Emergency Aid for the Elderly, Disabled, & Children (EAEDC)
- Transitional Aid to Families with Dependent Children (TAFDC)
- Child Care Financial Assistance (CCFA)
- Head Start / Early Head Start
- Supplemental Nutrition Assistance Program (SNAP/Food Stamps)
- Women, Infants, & Children (WIC) Nutritional Program
- Veteran's Connected Services / Chapter 115 / Safety Net Program
- Veterans Dependency & Indemnity Compensation (DIC) Surviving Parent or Spouse
- Veterans Affairs Non-Service Connected/Disability Pension (VANSCP)
- Commonwealth Care Plan Types 1, 2, or 3A
- Health Safety Net Plan – Primary or Secondary (Not Partial)
- Residential Assistance for Families in Transition (RAFT)
- Prescription Advantage / Drug Assistance
- Massachusetts Rental Voucher Program (MRVP)
- Section A8 Housing Choice Voucher Program (HCVP)
- Public or Subsidized Housing

*Please contact Customer Service if you have any questions at [serviceforms@hmlp.com](mailto:serviceforms@hmlp.com) or 781-749-0134. Customers who are approved for the rate will receive a letter in the mail and/or an email confirming acceptance. If the customer does not receive communication from HMLP that they have been approved for the rate, then it is the customer's responsibility to contact HMLP immediately and confirm their application status.*



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## Income-Adjusted Rate Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Qualifying Means-Tested Benefits Program: \_\_\_\_\_

### Eligibility Criteria:

- Applicant must be a residential customer
- Applicant must be the customer of record (name on the account)
- Application must be for the primary dwelling only, not other buildings on the property or owned by the customer.
- Applicant must participate in a means-tested benefit program and provide proof of participation.

### Complete and Sign the Following Statement:

I, \_\_\_\_\_, as the customer of record at \_\_\_\_\_ attest that I meet  
(Print Full Name) (Service Address)

all of the eligibility criteria outlined for the HMLP Income-Adjusted (IA) rate and understand that if my circumstances change, I lose access to or benefits from a means-tested program, move, or am no longer the account owner at the listed service address, or if HMLP alters or ends the IA rate at any time that I may cease to receive any and all benefits associated with the IA rate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_