This information is not the official version of the Official Compilation of the Rules and Regulations of the State of New York (NYCRR). No representation is made as to its accuracy, nor may it be used as an official business record of the New York State Department of Public Service. To ensure accuracy and for evidentiary purposes, reference should be made to the official NYCRR. The Official NYCRR is available from West Publishing: 1-800-344-5009.

Appendix A-3

(cf. § 11.5(a)) A Model Letter and Form for Documentation of Inability to Pay Utility Bills We have received an initial certificate of medical emergency, under which we must continue to provide you with utility service for 30 days, starting _____ and continuing until the beginning of business on _____.

At the expiration of that period, we can, under the provisions of law (sec. 32 [3][a], Public Service Law) and Public Service Commission's regulations (*16 NYCRR 11.5*[a]), terminate your utility service UNLESS the medical condition persists AND you do not have enough ready cash or income to meet your past due and current utility bills and still meet your other necessary expenses such as food, housing and medical treatment.

We enclose a form that you can use to provide the information we need to make a determination, as required by law, whether you are unable to pay past due and current bills. We will continue to provide you with utility service while we consider the information you provide.

If we determine that you have NOT demonstrated that you are unable to pay past due and current bills, we will notify you in writing and inform you how you can seek review of our determination by the Public Service Commission. If we determine that you have NOT shown that you have a financial hardship, we will offer you a deferred payment agreement, so that you can pay past due bills and installments while you meet all current bills. And if you DO show a financial hardship, we will try to work out an arrangement so that you will not accumulate substantial past due bills.

If you have any questions, you can call (local utility office/customer representative) at xxx-xxxx. If you are not satisfied with our response, you also can call the Public Service Commission during regular business hours at xxx-xxxx, or, in an emergency, you can call the Public Service Commission until 7:30 p.m., Monday through Friday at 1-800-342-3355.

A. INFORMATION ON LIQUID ASSETS AND CURRENT INCOME

1. Liquid assets, such as cash, bank savings or checking accounts, etc. should be listed:
   Cash on hand $ _____
   Bank checking account No. _____ Amt. presently in account $ _____
   Bank savings account No. _____ Amt. presently in account $ _____
   Name and address of Banks _____

2. Income information:

Source of Income:	Work	Yes _____	No _____	Amt. _____ (week) (month)
	SSI	Yes _____	No _____	Amt. _____ per mo.
	Public Assistance	Yes _____	No _____	Amt. _____ per 2 weeks

If you are a recipient of Public Assistance, have you requested your local Social Services office to guarantee future payments?
Yes_____ No_____

B. EXPENSES		MONTHLY PAYMENT	AMT. OWING
Housing:	Rent_____ Own_____		
Food:	Food Stamps: Yes_____ No_____		

Medical expenses: (incl. prescriptions)

Utility: (gas and electric)
Heating: (if not gas or electric)
Telephone: Installment payments: (credit card)
Transportation: Car expense: (loan, gas, etc.)
Education:
Other:

I, the undersigned, do hereby certify that the above information provided is the truth, to the best of my knowledge.

_____
(Signature)

_____
(Date)

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Appendix A-5

(cf. § 11.7[g])

IMPORTANT NOTICE
TO TENANTS OF
THIS BUILDING

_____
(Day of Week & Date)

The _____ (UTILITY) INTENDS TO SHUT OFF THE (ELECTRICITY/GAS) TO THIS BUILDING TEN DAYS FROM THE DATE OF THIS NOTICE BECAUSE THE LANDLORD HAS NOT PAID HIS BILL.

IF SERVICE IS SHUT OFF, THIS BUILDING WILL NOT BE HEATED.

IF YOU OR ANOTHER PERSON WHO LIVES HERE IS VERY SICK OR HAS ANOTHERSERIOUS HEALTH PROBLEM, CALL _____ (UTILITY) AT _____ (TEL. NO.) AND REPORT THE CONDITION. GAS OR ELECTRICITY WILL NOT BE SHUT OFF DURING THE COLD WEATHER PERIOD (NOVEMBER 1-APRIL 15) IF YOU OR ANOTHER RESIDENT IS VERY ILL OR WILL HAVE A SERIOUS HEALTH PROBLEM IF THERE IS NO HEAT. A UTILITY EMPLOYEE WILL VISIT TO VERIFY THE CONDITION, AND A DEPARTMENT OF SOCIAL SERVICES CASE WORKER MAY ALSO VISIT. IF YOU HAVE ANY QUESTION REGARDING THEIR FINDINGS, YOU CAN ASK THE PUBLIC SERVICE COMMISSION FOR HELP BY CALLING 1-800-342-3377.