



# Zero-Income Verification Form

Deposit and late payment charge waiver

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**PEOPLES GAS ACCOUNT NUMBER**

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ACCOUNT HOLDER  
**FIRST NAME**

ACCOUNT HOLDER  
**LAST NAME**

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**ADDRESS**

**CITY**

**ZIP CODE**

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**PHONE NUMBER**

**EMAIL**

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Please describe your current household income situation that supports the statement that the customer is a “zero-income residential customer or applicant” within the definition of 220 ILCS 5/8-8-201.8(b).

## Please include the following information:

Number of household members:

Annual income of customer/applicant:

**Directions:** Complete form, sign and include this with your deposit.

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**SIGNATURE**

**DATE**

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I certify that the above statements are true and correct to the best of my knowledge. I understand that providing a false statement may disqualify me for receiving my low-income status.

By signing this document, you agree to allow Peoples Gas to perform the actions as indicated above with regard to your Peoples Gas account. **You will need to recertify your income yearly for the account low-income status indicator.**