



# Zero-Income Verification Form

Low Income Discount program, deposit and late payment charge waiver

PEOPLES GAS ACCOUNT NUMBER		
ACCOUNT HOLDER FIRST NAME	ACCOUNT HOLDER LAST NAME	
ADDRESS	CITY	ZIP CODE
PHONE NUMBER	EMAIL	

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.

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.

Tier 5 customers will be notified before the expiration of their benefits. To protect them, we recommend customers recertify annually by filling out the form.