

Zero-Income Verification Form

Deposit and late payment charge waiver

NORTH SHORE 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

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 North Shore Gas to perform the actions as indicated above with regard to your North Shore Gas account. **You will need to recertify your income yearly for the account low-income status indicator.**