



Zero Income Claim Form

Customer Information:

Customer Name: _____

Service Address: _____

_____, PA _____

Household Zero Income Claim:

I, _____, state that no adult member of my household is currently

(Print name)

receiving income from any source.

Please note, you will have to recertify your income every 6 months when claiming zero income.

Household Expenses:

Identify how you and your household meet monthly living expenses, such as those expenses for housing (mortgage or rent), food, and utilities (electric, gas, water, and/or phone bill). Check all that apply.

☐

I am using money from savings

☐

I receive financial support from friends/family/community

☐

Other. Please explain below:

Affidavit:

I certify that the information presented in this application is true and accurate to the best of my knowledge. I understand that providing false information in this application is grounds for denial and dismissal of my application. I acknowledge that I am responsible for notifying Duquesne Light Company if my household or income changes.

Signature: _____ Date: _____