

No Income Verification Form

ACCOUNT HOLDER NAME

ADDRESS

CITY

ZIP CODE

TELEPHONE NUMBER

COMED ACCOUNT NUMBER

Please describe your current household income situation that supports this No Income form:

Please include the following information:

Number of Household Members: _____

Directions:

1. Complete form, sign, and upload your No Income Verification Form at ComEd.com/Verification.
2. For your record, retain your application ID number that will generate after you submit your application.

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 ComEd to perform the actions as indicated above with regards to your ComEd account. *You will need to recertify your income yearly for the account low-income status indicator.*