

PECO Customer Assistance Program (CAP) Zero No-Income Form

Customer Information:

PECO Account Number: _____ - _____

Name (Please Print): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Household Zero Income Claim:

I, _____ state that no adult member of my household is currently receiving income from any source.

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 PECO if my household or income information changes.

Signature: _____ Date: _____

Please send this form to PECO CAP by fax, e-mail or U.S. mail:

- Fax – 1-855-358-9369
- E-Mail – PECOCAP@exeloncorp.com
- Mail – PECO CAP, P.O. Box 467429, Atlanta, GA 31146-9801