

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 to your NHS profile at:
<https://nhschicago.org/grantsportal/>

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 NHS and ComEd to perform the actions as indicated above with regards to your ComEd account.

