



**PPL Electric Utilities  
Zero Income Form**

**Customer Information**

**Name:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Zero Income Claim**

I, \_\_\_\_\_, state that no adult member of my household has received any income during the past 30 days.

Our household has been without any income since \_\_\_\_\_

I hope and expect to receive some income on or about \_\_\_\_\_

How are you meeting these basic expenses?

**Food:** \_\_\_\_\_

**Housing:** \_\_\_\_\_

**Utilities:** \_\_\_\_\_

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I understand that not providing any of the above requested information and/or providing false information to Schuylkill Community Action is grounds for denial and dismissal of my application and participation in the rent assistance program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send this form to:

**Schuylkill Community Action**  
225 N Centre St  
Pottsville, PA 17901  
Phone: (570) 622-1995  
Fax: (570) 622-0429