



UGI Utilities, Inc.

Universal Service Zero Income Claim Form

Customer Name:

Customer Account Number:

Date of Application:

Service Address Street:

Service Address City, State, ZIP:

Verification of Zero Income Claim

To be completed and signed by the UGI customer who had no income during the 30 day, 90 day, or 1 year period before the date of this application.

I, (print) _____ state that I have had no income from any source. I understand that participation in the Customer Assistance Program (CAP) may be denied for making false statements and do affirm that all claims made here are true and correct to the best of my knowledge, information, and belief. Any change in household income or occupants will be immediately reported to my assigned CAP agency. I give UGI and/or my assigned CAP agency permission to verify income with government agencies.

List all adult household members with zero income:

1)

2)

3)

During the above period, how were household expenses met for food and shelter?

Customer Signature:

Date:

CAP Agency Representative:

Date: