

..DID: 6427

..TXT: PSC NO: 9 GAS

LEAF: 187

COMPANY: CONSOLIDATED EDISON COMPANY OF NEW YORK, INC. REVISION: 0

INITIAL EFFECTIVE DATE: 03/01/99 SUPERSEDING REVISION:

STAMPS:

Cancelled by 1 Rev. Leaf No. 187 Effective 06/01/2002

RECEIVED: 12/08/98 STATUS: Cancelled EFFECTIVE: 03/01/99

**GENERAL INFORMATION - Continued****XI. Application Forms - Continued****Application for Residential Customers - Continued****PART 3 - EMPLOYMENT INFORMATION**Are you employed? ☐Yes ☐No

If yes, please give the following information about your current employer.

Current Employer's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Employment (from) \_\_\_\_\_ Position \_\_\_\_\_  
Month Year

Your Employee No. \_\_\_\_\_

If no, are you receiving public assistance? ☐Yes ☐No Type: ☐AFDC ☐HR ☐SSI ☐other.

If yes, what is your welfare or supplemental security income number?

Number \_\_\_\_\_

**PART 4 - SIGNATURE OF APPLICANT**

To the best of my knowledge, the information provided here is accurate and no attempt has been made to misrepresent the facts.

Application submitted by:

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Please print Full Signature

(General Information - Continued on Leaf No. 188.0)

Issued By: Joan S. Freilich, Executive Vice President & Chief Financial Officer, 4 Irving Place, New York, N. Y. 10003

(Name of Officer, Title, Address)