

F-2012-2334403

2/28/14

RECEIVED

2014 MAR 12 AM 11:00

PA.P.U.C.
SECRETARY'S BUREAU

Latrice Harris
4949 N Warnock
Philadelphia PA

To Whom It May Concern, I've tried to get on the right track with these Utility bills. I've attempted at least 3 times to get on the CRP program. The last time I went to Court at the PUC, afterwards I wanted to know from Cynthia and Mr. Farinas, I asked her for her fax # to so I could send her my CRP application, I sent it to her and she requested a copy of my son award letter from the Public Assistant Office. I sent it to her, and she had all the documents to approve my application but she neglected to do so. Mr. Farinas told me not to pay anything on my gas bill account, he said wait until my CRP application is accepted. I've cooperated with them but nothing happened.

I've been approved for Liheap but I need a shut off notices from Peco and PGW to get the crisis grant. Peco said they already sent me a notice and I never got one and requested one but they said they can't give me one. PGW said that I have to wait until one is generated. I'm feeling like I'm doing what I need to do but I'm not getting any cooperation.

Sincerely,

Latrice Harris

Latrice Harris

3/7/14

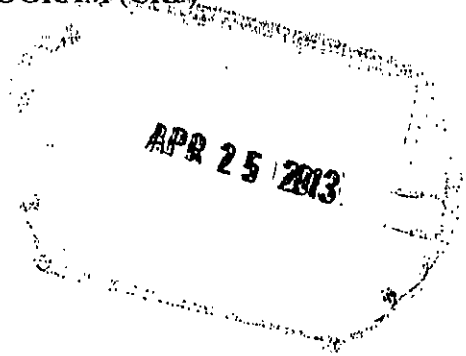
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~~2014 MAR 28 AM 11:39~~

~~PA.P.U.C.
SECRETARY'S BUREAU~~

**PHILADELPHIA GAS WORKS
CUSTOMER RESPONSIBILITY PROGRAM (CRP)**

Application Form



1. Customer Name: LATRICE HARRIS
 2. Street Address/Zip: 4949 N. WARKOCK ST
 3. Account Number: 0645609310
 4. Social Security Number: 180-58-1369
 5. Home Phone: (215) 882-2463
 6. Work/Cell Phone: (610) 757-2756

7. List everyone living in your home. Start with yourself, include all children and adults. (Use additional sheets if you need more space) Attach copies of Social Security cards for everyone living in your home:

Last Name	First Name, M.I.	Relationship
HARRIS	LATRICE V.	Self
HARRIS	CORNELIUS C.	Son
FULMORE	MARY	Daughter

Date of Birth	62yrs Old and above	Below 18yrs Old
12/13/64	<input type="checkbox"/>	<input type="checkbox"/>
9/19/82	<input type="checkbox"/>	<input type="checkbox"/>
10/2/96	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Number of Total Household Members: _____

8. List Monthly Gross Income for members listed above starting with yourself (Use additional sheets if you need more space) Attach copies of proof of income for everyone living in your home:

Income Recipient: (Last name, First Name)	Relationship	Type(s) and/or Source(s)	Monthly Gross Income
HARRIS LATRICE ^{D.P. # 40474}	Self	Employment	2236.50
HARRIS CORNELIUS	Son	unemployed	0 ^{ODP # 51-30-70120}
FULMORE MARY	Daughter	Student	0

Total Gross Monthly Household Income: _____

These are copies of what I sent to Cynthia several and got a response and sent what she asked but nothing was done.

- I agree to pay PGW the total monthly payment (back bills), and any other additional
- I agree to apply for LIHEAP when I am on P
- I understand that if I miss one (1) payment, I collection activity will begin and my service
- I agree that I will recertify every year.
- I agree to report household income changes
- I agree to let PGW install an Automatic Meter
- I agree to accept services from PGW's conse
- I understand that if I do not do these things,
- I understand that if I pay my monthly CRP p per month.
- I authorize the Philadelphia Gas Works to ve records. I authorize PGW to obtain consume

Customer Signature: Latrice Harris
 Date: 4/25/13

Request for additional information to determine eligibility for CRP

Customer name: _____ Account number: _____ Date: _____

Please complete the sections below only if we listed household members in them. Disregard any section in which there are no household members listed.

Section 2. For the household members listed below, complete the gross monthly income and attach documentation. If the table is blank, disregard.

Name of household member	Gross monthly income	Income source (e.g., wage, public assistance, unemployment, Social Security, SSI, SSDI, income support, child support, etc.)

Section 3. For the household members listed below, complete the current situation section and add gross monthly income if the household member has an income. When returning this form, please enclose documentation of the current situation (e.g., school roster, pay stubs, letter of denial for unemployment benefits). If the table is blank, disregard.

Name of household member	Current Situation (e.g., unemployed and not eligible for unemployment, in school, in training, working)	Gross monthly income (if any)

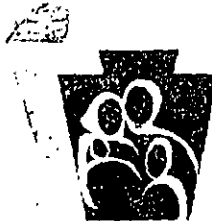
Section 4. For the household members listed below, please provide a copy of their social security card. If the table is blank, disregard.

Name of household member

Section 5. For the household members listed below, please provide documentation of legal guardianship and income support (e.g., child support, Cash assistance from Department of Public Welfare). If the table is blank, disregard.

Name of child living in household	Monthly child support or cash assistance
<i>Cornelius Harris</i>	

UNITY
PHILA CAO
4111 FRANKFORD AVE
PHILADELPHIA, PA 19124-9968



pennsylvania

DEPARTMENT OF PUBLIC WELFARE

OFFICE OF INCOME MAINTENANCE

Record ID: 51/3676922 Telephone: 1-215-560-6400

Notice ID: 9017659454

COMPASS: The fast and easy way to apply for benefits
www.compass.state.pa.us


Mail Date: 08/13/2013

Cornelius Harris
4949 W Warnock St
Philadelphia, PA 19141

Pennsylvania receives information from other state and federal agencies to verify the information you give them. If you misrepresent, hide, or withhold facts which may affect your eligibility for benefits, you may be required to repay your benefits, and you may be prosecuted and disqualified from receiving certain future benefits.

Dear Mr. Harris,

We received your request for the following benefits. If you have a question, please call the number listed above.

Which benefit?	This is a summary of your benefits. You can find more information inside this letter.
 <p>SNAP</p>	<p>You qualify for SNAP. Beginning September 2013, you will have \$200.00 in your EBT ACCESS account monthly.</p> <p>Your certification period runs from September 2013 to February 2014. If you are only receiving SNAP benefits and you later apply for and receive Cash Assistance and/or Medical benefits, your certification period shown above will change. You will be notified of your new certification period.</p>



If you have a disability and need this letter in large print or another format, please call our helpline at 1-800-692-7462. TDD Services are available at 1-800-451-5886.

If you do not agree with our decision, you have the right to a Fair Hearing. To learn more about Fair Hearings, read Your Right to Appeal and to a Fair Hearing.

Do you need legal help? You can get free legal help by visiting:
PHILADELPHIA LEGAL ASSISTANCE at 42 S. 15TH ST. STE 500, PHILADELPHIA, PA 19102 or by calling (215) 981-3800.



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

MONTGOMERY COUNTY ASSISTANCE OFFICE

1931 NEW HOPE STREET

NORRISTOWN, PA 19401

610-757-1425

Phone number
may be not
even fax it

FACSIMILE TRANSMITTAL SHEET

TO: Cynthia FROM: Latrice Davis
 AGENCY: _____ DATE: 5/22/13
 FAX NUMBER: 215 684-6770 # OF PAGES INCLUDING COVER: _____
 PHONE NUMBER: _____ SENDER'S PHONE #: 610-270-_____
 RE: _____ SENDER'S FAX #: 610-757-1425

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

*This is copy of letter
that I sent to Mr. Farinas*

IF YOU RECEIVE THIS FAX IN ERROR, PLEASE CONTACT THE SENDER IMMEDIATELY AND THEN DESTROY THE FAXED MATERIALS.

CONFIDENTIALITY NOTICE:

The information contained in this facsimile message is privileged and confidential information intended for the use of the individual or entity named above. Health Care Information is personal and sensitive and should only be read by authorized individuals. Failure to maintain confidentiality is subject to penalties under state and federal law.



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

MONTGOMERY COUNTY ASSISTANCE OFFICE

1931 NEW HOPE STREET

NORRISTOWN, PA 19401

610-757-1425

FACSIMILE TRANSMITTAL SHEET

TO: Cynthia

FROM Latrice Harris

AGENCY:

DATE: 11/22/13

FAX NUMBER: 215-684-6770

OF PAGES INCLUDING COVER: 22

PHONE NUMBER:

SENDER'S PHONE #: 610-270-

RE:

SENDER'S FAX #: 610-757-1425

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

I think this should cover everything you need I sent in several different documents... Some documents were asked for that I've already submitted. Are there different people doing one application, because they keep asking for the same thing over & over again.

IF YOU RECEIVE THIS FAX IN ERROR, PLEASE CONTACT THE SENDER IMMEDIATELY AND THEN DESTROY THE FAXED MATERIALS.

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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

MONTGOMERY COUNTY ASSISTANCE OFFICE

1931 NEW HOPE STREET

NORRISTOWN, PA 19401

610-757-1425

FACSIMILE TRANSMITTAL SHEET

TO: *Adm. Law Judge Christopher P. Bell* FROM: *Latrice Harris*
AGENCY: DATE: *5/22/13*
FAX NUMBER: *215-560-3133* # OF PAGES INCLUDING COVER: *3*
PHONE NUMBER: SENDER'S PHONE #: 610-270-
RE: SENDER'S FAX #: 610-757-1425

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

IF YOU RECEIVE THIS FAX IN ERROR, PLEASE CONTACT THE SENDER IMMEDIATELY AND THEN DESTROY THE FAXED MATERIALS.

CONFIDENTIALITY NOTICE:

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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

MONTGOMERY COUNTY ASSISTANCE OFFICE

1931 NEW HOPE STREET

NORRISTOWN, PA 19401

610-757-1425

FACSIMILE TRANSMITTAL SHEET

TO: *Cynthia* FROM: *Latrice Harris*
AGENCY: DATE: *10/9/13*
FAX NUMBER: *215 684 6770* # OF PAGES INCLUDING COVER: *11*
PHONE NUMBER: SENDER'S PHONE #: 610-270-
RE: SENDER'S FAX #: 610-757-1425

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

PGW will need your son's award letter to determine eligibility.

IF YOU RECEIVE THIS FAX IN ERROR, PLEASE CONTACT THE SENDER IMMEDIATELY AND THEN DESTROY THE FAXED MATERIALS.

CONFIDENTIALITY NOTICE

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October 4, 2013

To whom it may concern:

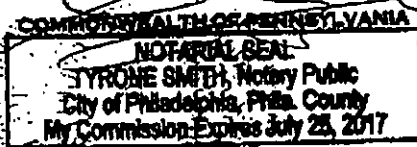
I am currently unemployed and have no income coming in at this time.

Sincerely,

Cornelius C. Harris

Cornelius C. Harris

10-9-13



**PHILADELPHIA GAS WORKS
CUSTOMER RESPONSIBILITY PROGRAM (CRP)
Application Form**

New CRP Enrollment

Recertification

- Customer Name: LATRICE HARRIS
- Street Address/Zip: 4949 N. WARNOCK ST Philadelphia PA 19141
- Account Number: 0643609310
- Social Security Number: 180 58 1369
- Home Phone: (215) 455-1015
- Work/Cell Phone: () -
- List everyone living in your home. Start with yourself, include all children and adults. (Use additional sheets if you need more space) Attach copies of Social Security cards for everyone living in your home:

Last Name	First Name, M.I.	Relationship	Date of Birth	62yrs Old and above	Below 18yrs Old
HARRIS	LATRICE V	Self	12/13/64		
HARRIS	CORNELIUS	SON	9/19/82		
FULMORE	MARY	DAUGHTER	10/2/96		✓
Number of Total Household Members: <u>3</u>					

8. List Monthly Gross Income for members listed: _____ If (Use additional sheets if you need more space) Attach copies of proof of income for everyone living in your home:

Income Recipient: (Last name, First Name)	Relationship	Type(s) and/or Source(s)	Monthly Gross Income
HARRIS LATRICE	Self	Employment	
HARRIS CORNELIUS	SON	Unemployed	0
Fulmore MARY	Daughter	Student	minor
Total Gross Monthly Household Income:			

LIHEAP REC # 51 4014744 my son DPW REC # 51 3676922

- I agree to pay PGW the total monthly payment determined by PGW through the intake process plus \$5 towards my pre-program arrears (back bills), and any other additional charges that may apply to me (CRP Restore and CRP Non-Basic Charges).
- I agree to apply for LIHEAP when I am on PGW's CRP agreement and assign the grant to PGW.
- I understand that if I miss one (1) payment, I will be in default with the program. If I am in default with the program, I understand that collection activity will begin and my service could be terminated.
- I agree that I will recertify every year.
- I agree to report household income changes even if they occur before it is time to recertify for CRP.
- I agree to let PGW install an Automatic Meter Reading (AMR) device on my gas meter.
- I agree to accept services from PGW's conservation programs if offered to me.
- I understand that if I do not do these things, I can be removed from the CRP and cannot get back on until I do them.
- I understand that if I pay my monthly CRP payment each month on time, my pre-program arrears (back bill) will be forgiven by 1/36 per month.
- I authorize the Philadelphia Gas Works to verify all information provided on this form including verification with City and State records. I authorize PGW to obtain consumer credit reports for purposes of verifying the above information.

Customer Signature: Latrice Harris
Date: 10/9/13

The statement that you must pay your monthly bill on time during the application process. I was advise at PUC Court to wait until my application is processed and then start paying. Mr Laureto Farinas ESQUIRE advised this because he said my payments will be FROZEN. I'm doing what I was advised in court on Friday September 20, 2013.

Thank you,

LATRICE HARRIS

PS. My son is getting the no income statement notarized and as soon as he gives it to me I will fax that over to.

Thank you.



PHILADELPHIA GAS WORKS

800 West Montgomery Avenue • Philadelphia, PA 19122

Name: _____			Date: _____
Address: _____			

City: _____	State: _____	Zip: _____	Acct#: _____

We have reviewed your Application / Recertification for the Customer Responsibility Program (CRP). However, we need more information. Please respond to the item(s) checked below.

- Complete **Section 1** of the attached sheet to show how you meet monthly living expenses. If you receive cash assistance from someone not living with you, that person must complete **Section 1a**.
- You did not submit documentation of income, or the income you reported is out of date or does not match the documentation submitted. Please return complete and accurate income documentation for the last 30 days for the members of your household listed in **Section 2** of the attached sheet. Please see the list on the back of this page for acceptable forms of income documentation.
- Briefly describe why the adults in your household listed in **Section 3** of the attached sheet do not show an income (e.g., unemployed and not eligible for unemployment, in school, in a training program). If they do have an income, please report it in the table below and attach documentation (e.g., pay stubs, unemployment compensation letter, benefits letter, etc.).
- The application is missing or incomplete. Please complete the enclosed application and return it along with all required income documentation.
- Your application is missing copies of social security cards. Please provide a copy of the social security card for the members of your household listed in **Section 4** of the attached sheet.
- Please provide documentation of legal guardianship and income support for the children listed in **Section 5** of the attached sheet.
- Your last CRP agreement was suspended and is now past due. To re-enroll in CRP, you must first pay the catch-up amount to the right, and satisfy any other requests for additional information and/or documentation stated in this letter.
- Other: Cornelius Harris Needs DPW information (award letter)

Please return this form and the requested documents to the address below within 10 days.

Philadelphia Gas Works
 Customer Responsibility Program
 P.O. BOX 3529
 Philadelphia, PA 19122-0529

For security purposes and to protect your privacy, we will hold any documentation already submitted in secured storage for 14 days from the date of this letter. If you fail to respond to this letter, or if you return insufficient documentation, your application and the documentation already submitted will be destroyed and you will need to re-apply for the program.

Thank you for your cooperation.

Philadelphia Gas Works

Para traduccion en espanol, llame a (215) 235-2175

#6 Letter

Commonwealth of Pennsylvania
EMPLOYEE PAY STATEMENT

Latrice V Harris			Personnel Number..... 00636389		
4949 North Warnock Street			Public Welfare Pymt Area 3		
Philadelphia PA. 19141			Pay Period.. 09/07/2013 - 09/20/2013		
			Fed Tax Status: Single		
			Fed Tax Allowances: 06 Period: 20/2013		
B/U:A1	Group:03	Level:06			

Pay Date	Payment Amount =	Gross +	Reim. -	Taxes -	Deds.
10/04/2013	852.85	1,148.25	0.00	175.56	119.84

Gross Current Pay	Rate	Hrs/Unt	Amount	Year To Date
Normal working hours	15.31	67.35	1,031.13	18,684.18
Annual Leave Pay	15.31	7.65	117.12	1,184.81
Paid-Office Closing				89.46
Sick Leave Pay				1,475.87
Sick Family Leave				277.94
Personal Leave Pay				185.57
Holiday/Comp lieu Holiday				791.17
Total Gross			1,148.25	22,689.00

Taxes	Amount	Year To Date
Federal Federal		
TX Withholding Tax	6.46	103.82
TX EE Social Security Tax	70.12	1,385.62
TX EE Medicare Tax	16.40	324.06
State Pennsylvania		
TX Withholding Tax	34.72	686.12
TX RR Unemployment Tax	0.80	15.88
Local Norristown Borough		
TX Local Services Tax	2.00	40.00
Local Philadelphia		
TX Withholding Tax	45.06	890.94
EE Taxes	175.56	3,446.44

Deductions	Amount	Year To Date
EE PreTx M/H Pct	17.22	340.26
Deferred Compensation	10.00	200.00
Supplemental Life Ins	3.63	14.52
AFSCME - 13 Union Dues	17.22	340.26
Full Cov Class AA/Cat 0	71.77	1,418.08
Total Deductions	119.84	2,313.12

Non Cash Compensation	Amount	Year To Date

Commonwealth of Pennsylvania
EMPLOYEE PAY STATEMENT

Reimbursements		Amount	
Direct Deposit Bank / Check		Amount	
Net Payment		852.85	
State Paid Benefits		Amount	
TX ER Social Security Tax		70.12	
TX ER Medicare Tax		16.40	
RR Basic Life		3.27	
Annuitant Med Hospital		305.00	
ER Workers Comp Benefit		28.19	
PR Aetna US Healthcare PA		425.00	
ER-SERS		173.62	
Federal Taxable Wages		Amount	
Current Period Results		1,049.26	
Garnishment Type	Beg Balance	Total To Date	Remain Balance
Payroll Area	23		

Commonwealth of Pennsylvania

EMPLOYEE PAY STATEMENT

Latrice V Harris 4949 North Warnock Street Philadelphia PA 19141 B/U:A1 Group:03 Level:06	Personnel Number..... 00636389 Public Welfare Pysl Area 3 Pay Period.. 08/24/2013 - 09/06/2013 Fed Tax Status: Single Fed Tax Allowances: 06 Period: 19/2013
--	---

Pay Date	Payment Amount -	Gross +	Reim. -	Taxes -	Deds.
09/20/2013	852.83	1,148.25	0.00	175.58	119.84

Gross Current Pay	Rate	Hrs/Unit	Amount	Year To Date
Normal working hours	15.31	60.00	918.60	17,653.05
Annual Leave Pay	15.31	7.50	114.83	1,067.69
Paid-Office Closing				89.46
Sick Leave Pay				1,475.87
Sick Family Leave				277.94
Personal Leave Pay				185.57
Holiday/Comp lieu Holiday	15.31	7.50	114.82	791.17
Total Gross			1,148.25	21,540.75

Taxes	Amount	Year To Date
Federal Federal		
TX Withholding Tax	6.46	97.36
TX EE Social Security Tax	70.13	1,315.50
TX EE Medicare Tax	16.40	307.66
State Pennsylvania		
TX Withholding Tax	34.72	651.40
TX EE Unemployment Tax	0.81	15.08
Local Norristown Borough		
TX Local Services Tax	2.00	38.00
Local Philadelphia		
TX Withholding Tax	45.06	845.68
EE Taxes	175.58	3,270.88

Deductions	Amount	Year To Date
EE PreTx M/H Pct	17.22	323.04
Deferred Compensation	10.00	190.00
Supplemental Life Ins	3.63	10.89
AFSCME - 13 Union Dues	17.22	323.04
Full Cov Class AA/Cat 0	71.77	1,346.31
Total Deductions	119.84	2,193.28

Non Cash Compensation	Amount	Year To Date

Commonwealth of Pennsylvania
EMPLOYEE PAY STATEMENT

Reimbursements		Amount	
Direct Deposit Bank / Check		Amount	
Net Payment		852.83	
State Paid Benefits		Amount	
TX RR Social Security Tax		70.13	
TX ER Medicare Tax		16.40	
ER Basic Life		3.27	
Annuitant Med Hospital		305.00	
ER Workers Comp Benefit		28.19	
PR Aetna US Healthcare PA		425.00	
ER-SERS		173.62	
Federal Taxable Wages		Amount	
Current Period Results		1,049.26	
Garnishment Type	Beg Balance	Total To Date	Remain Balance
Payroll Area	23		



Latrice Harris
 4949 N. Warnock St.
 Philadelphia Pa 19141



RECEIVED
 2014 MAR -3 AM 11:40
 PA P.U.S. BUREAU
 SECRETARY'S BUREAU

Secretary
 Pa. Public Utility Commission
 P.O. Box 3265
 Harrisburg, Pa 17105-3265

SECR
 2014