Exelon Business Services Company
Legal Department
2301 Market Street/S23-1
Philadelphia, PA 19103
215 568 3389 Fax
www.exeloncorp.com

Direct Dial: 215.841.6841

April 16, 2014

VIA EMAIL AND FIRST CLASS MAIL
Darlene Heep, Administrative Law Judge
Commonwealth of Pennsylvania
Pa. Public Utility Commission
801 Market Street, Suite 4063
Philadelphia, PA 19107

DOCUMENT FOLDER

Re: Janice Roundtree Crawley v. PECO Energy Company
PUC Docket No. C-2013-2396047

Dear Judge Heep:

Pursuant to Your Honor's request at the hearing, please find enclosed three copies of PECO Energy's late filed exhibits as follows:

(1) Exhibit 11 **J. Crawley Customer Assistance Program Application – 4/1/13**
(2) Exhibit 12 **Excerpts from PECO Universal Services Three Year Plan (2013-2015):**
- **CAP Rate A Overview**
- **Customer Assistance and Referral Evaluation Service**

If Your Honor has any questions, please do not hesitate to contact me directly at 215-841-6841.

Respectfully,

Shawane L. Lee
Assistant General Counsel, Exelon BSC
Encl.

cc: Janice Roundtree Crawley *(via first class mail)*

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2014 MAY -6 AM 9:51
PA PUC
SECRETARY'S BUREAU

0121

PECO Universal Services
CAP Rate Application

PECO ENERGY COMPANY
APR 1 2013

PECO
An Exelon Company

5-20-13 re-enrolled

Approved Universal Services applicants will receive the CAP Rate discount for their energy bill. You will be notified if your application does not meet the application requirements. Your application will not be processed until all requested information is received and verified.

INSTRUCTIONS: Please ensure the information on this form is correct. Attach proof of total gross household income (before taxes) and sign your name at the "X". Below are types of income verification to send with this form.

ALL INFORMATION MUST BE COMPLETE IN ORDER FOR THIS APPLICATION TO BE PROCESSED. (Please Print)

1. Verify or enter your account number, name, address, and telephone numbers.
2. Enter the name (s) and social security number (s) for all members of your household including yourself.
3. Attach proof of total gross household income for all members in your household including yourself.
4. Mail the completed application along with the required proof of income to:
   PECO CAP Rate, P.O. Box 16468, Pittsburgh, PA 15242-9945
5. Or fax to: 1-866-362-8906 (Toll Free).
6. You will be notified by mail upon approval or denial.
7. When you are on CAP Rate, you cannot be a customer of a competitive electric generation or natural gas supplier.

ACCOUNT NUMBER:	1916 4-02000		
NAME: Last	Crawley **First** Janice	**Middle Initial**	R
ADDRESS:	2604 N. Hollywood Street	**Apt. Number**	
City	Philadelphia **State** Pennsylvania	**Zip**	19132
Home / Work Phone:	267-608-2310	**Cell Phone:**	

Please check the boxes below to indicate the type of total household income verification enclosed:
(Note: Please send copies only)

- ☑ SSI, Social Security and/or Social Security Retirement Award Letter
- ☐ Recent Pay Stubs (last 30 days - consecutive pay stubs)
- ☐ Social Security Disability Award Letter
- ☐ Child Support Court Order or Court Print Out
- ☐ Unemployment Determination Letter (or last 30 days check stubs)
- ☐ Previous Year's W-2 or 1040 SE Form (if seasonally or self employed)
- ☐ Employment Verification Letter
- ☑ DPW Award Letter
- ☐ Workman's Compensation Award Letter
- ☐ Social Security Survivors Benefit Award Letter
- ☐ Veterans Benefits Award Letter
- ☐ Other _____

List all the people who live with you, starting with yourself. Include all adults and children. Include all roomers who share household expenses. Attach proof of all household income. Attach additional sheets, if needed.

Name (Last, First, M.I.)	Social Security #	Birth Date	Relationship	Source of Income or DPW Case Number
Crawley, Janice		7/17/62	SELF	SSD
Crawley, Amir		11/22/96	son	-0-
Crawley, Zirdi		4/22/98	daughter	-0-
Crawley Saud		7/17/00	son	-0-
Crawley, Iman		8/26/06	granddaughter	51-
Jenwood, Hasaan		9/22/96	nephew	-

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My signature on this application grants PECO or its authorized agent to verify any information on this application including usage information. I authorize the release of this information to approved agencies, which provide other energy/weatherization assistance for which I may be eligible in accordance with PECO Universal Services standards. I acknowledge that additional information or documentation may be necessary to determine or confirm my household's eligibility for the CAP Rate Program. I certify that the information given on this application is accurate. I understand that any willful misrepresentation on this application could result in denial or removal from the CAP Rate Program. **You must sign this application to receive the CAP Rate.**

DO NOT SEND BILL PAYMENT WITH THIS APPLICATION.

If you need help with your application, please call 1-800-774-7040.

X Janice R. Crawley
Applicant's Signature

PECO ENERGY
EXHIBIT 11

000100-000002

PECO/CAP Program
P.O. Box 13778
Philadelphia, Pa, 19101

3/20/2013

To Whom it may Concern,

I, Janice R. Crawley, certify that I only have the income from Social Security Disability of $442.00 a month and that Omar Crawley and Hasaan Jemison also have no income.

Sincerely Yours,

Janice R. Crawley

Commonwealth of Pennsylvania
County of Philadelphia
Subscribed and sworn to before me

This 26TH day of MARCH 2013

Frances A. Parks
Notary Public

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
FRANCES A. PARKS, Notary Public
City of Philadelphia, Phila. County
My Commission Expires September 16, 2015

Your New Benefit Amount

BENEFICIARY'S NAME: SAIDIDRIS CRAWLEY

Your Social Security benefits will increase by 1.7 percent in 2013 because of a rise in the cost of living. **You can use this letter when you need proof of your benefit amount to receive food, rent, or energy assistance; bank loans; or for other business.** Saving this letter could save you the inconvenience of making a trip to a local office and waiting in line to obtain a new document.

How Much Will I Get And When?

• Your monthly amount (before deductions) is	$221.00
• The amount we deduct for Medicare medical insurance is (If you did not have Medicare as of Nov. 15, 2012 or if someone else pays your premium, we show $0.00.)	$0.00
• The amount we deduct for your Medicare prescription drug plan is (If you did not elect withholding as of Nov. 1, 2012, we show $0.00.)	$0.00
• The amount we deduct for voluntary Federal tax withholding is (If you did not elect voluntary tax withholding as of Nov. 15, 2012, we show $0.00.)	$0.00
• After we take any other deductions, you will receive on Jan. 3, 2013.	$221.00

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

You may receive your benefits through direct deposit, a Direct Express® card, or an Electronic Transfer Account. If you still receive a check, please remember that you must switch to an electronic payment by March 1, 2013. For more information, please visit ***www.godirect.org*** or call **1-800-333-1795**.

What If I Have Questions?

Please visit our website at ***www.socialsecurity.gov*** for more information and a variety of online services. You also can call **1-800-772-1213** and speak to a representative from 7 a.m. until 7 p.m., Monday through Friday. Recorded information and services are available 24 hours a day. Our lines are busiest early in the week, early in the month, as well as during the week between Christmas and New Year's Day; it is best to call at other times. If you are deaf or hard of hearing, call our TTY number, **1-800-325-0778**. If you are outside the United States, you can contact any U.S. embassy or consulate office. Please have your Social Security claim number available when you call or visit and include it on any letter you send to Social Security. If you are inside the United States, and need assistance of any kind, you also can visit your local office.

2929 NORTH BROAD ST
PHILADELPHIA PA

Your New Benefit Amount

BENEFICIARY'S NAME: ZINDIAMSAL D BERRYMAN CRA

Your Social Security benefits will increase by 1.7 percent in 2013 because of a rise in the cost of living. **You can use this letter when you need proof of your benefit amount to receive food, rent, or energy assistance; bank loans; or for other business.** Saving this letter could save you the inconvenience of making a trip to a local office and waiting in line to obtain a new document.

How Much Will I Get And When?

• Your monthly amount (before deductions) is	$221.00
• The amount we deduct for Medicare medical insurance is (If you did not have Medicare as of Nov. 15, 2012 or if someone else pays your premium, we show $0.00.)	$0.00
• The amount we deduct for your Medicare prescription drug plan is (If you did not elect withholding as of Nov. 1, 2012, we show $0.00.)	$0.00
• The amount we deduct for voluntary Federal tax withholding is (If you did not elect voluntary tax withholding as of Nov. 15, 2012, we show $0.00.)	$0.00
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2929 NORTH BROAD ST
PHILADELPHIA PA

51 | 2319790

Print this page

Name:	JANICE R. CRAWLEY	School District:	Philadelphia City		
Address:	2604 N HOLLYWOOD ST, PHILA, PA 19132	Language:	English	County/RN:	51/2319790
Phone Number:	215-223-1239	County Office:	Philadelphia County Glendale district	Case Status:	Open

My COMPASS Account : JANICE R. CRAWLEY

Scan Documents

Household Member Information

Name	Sex	Date of Birth	Citizen Status	Marital Status
JANICE R. CRAWLEY	Female	5/17/1962	US Citizen	Single/Never Married
AMIR B. CRAWLEY	Male	11/22/1991	US Citizen	Single/Never Married
ZINDIAMSALE D. BERRYMAN CRAWL	Female	4/22/1998	US Citizen	Single/Never Married
SAID I. CRAWLEY	Male	7/17/2000	US Citizen	Single/Never Married
HASSAN ROUNDTREE	Male	3/22/1991	US Citizen	Single/Never Married

Food Stamps

Program	Status	Members	Benefit	Next Payment Due	Renewal Date
SNAP (Food Stamps) Benefit	Open 6/1/2012	JANICE R. CRAWLEY AMIR B. CRAWLEY ZINDIAMSALE D. BERRYMAN CRAWL SAID I. CRAWLEY HASSAN ROUNDTREE	$ 793.00 monthly	9/17/2012	4/30/2013

Cash

Program	Status	Members	Benefit	Next Payment Due	Renewal Date
None					

Health Care

Program	Status	Members	Benefit	Managed Care Physical	Managed Care Behavioral	Renewal Date
Medical Assistance	Open 5/29/2012	AMIR B. CRAWLEY	Package #1	HP SE	CommunityBH	4/30/2013
Medical Assistance	Open 3/1/2012	JANICE R. CRAWLEY	Package #2	HP SE	CommunityBH	4/30/2013
Medical Assistance	Open 5/16/2011	ZINDIAMSALE D. BERRYMAN CRAWL	Package #1	KMHP SE	CommunityBH	4/30/2013
Medical Assistance	Open 5/16/2011	SAID I. CRAWLEY	Package #1	KMHP SE	CommunityBH	4/30/2013

SelectPlan for Women

Program	Status	Members	Benefit	Renewal Date
None				

Report Change

Please Select "Report Change" button below if you would like to report online OR contact the change center to report the changes.

Typical changes include:

- Household
- Phone Number
- Income
- Anything else you would like to tell your Caseworker

"You may also scan/import documents from within the "change report"screen if those documents are relevant to the change that you are reporting"

Report Change

Philadelphia Customer Service Center
801 Market Street
Philadelphia, PA 19107
215-560-7226
TTY/TDD: 215-985-7915

Reporting History

Ticket Number	Date Created	Status	Submitted From
Unavailable			

Scanned Documents History

The Scanned Documents History only shows documents that are scanned/imported using My COMPASS Account

No Scanned Documents

Click here to screen for benefits through COMPASS

Click here to apply for benefits through COMPASS

Click here to Renew Now for benefits through COMPASS. You may click on this link to renew your benefits online if the

Click here to Renew Now for benefits through COMPASS - You may click on this link to renew your benefits online if the program renewal date displayed above is in the current month or upcoming month. You may also renew online if you have received a renewal notice from your caseworker.

Click here to access the Pennsylvania Child Support Program

To close this window, click on the Logout button or the "x" in the top right corner of the window.

Logout

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EXHIBIT "12"

PECO
An Exelon Company

Richard G. Webster, Jr.
Director
Rates and Regulatory Affairs

PECO Energy Company
2301 Market Street, S15
Philadelphia, PA 19103

Mail to: 8699
Philadelphia, PA 19101-8699

Telephone 215.841.4000 ext 5777
Fax 215 841.6208
www.exeloncorp.com
dick.webster@exeloncorp.com

February 28, 2012

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, PA 17120

Dear Secretary Chiavetta:

PECO Energy Company is hereby submitting to the Pennsylvania Public Utility Commission an original and three copies of its Universal Services Three Year Plan (2013 to 2015).

If you have any questions please do not hesitate to contact me at 215-841-5777.

Please acknowledge receipt of the foregoing on the enclosed copy of this letter.

Sincerely,

Enclosures

cc: Grace McGovern, Bureau of Consumer Services
David Mick, Bureau of Consumer Services

PECO ENERGY
EXHIBIT 12

PECO
An Exelon Company

PECO Energy Company
Universal Services
Three-Year Plan
2013 to 2015

Prepared by:
Patricia King
Manager, Universal Services
February, 28, 2012

PECO Energy Company
Universal Services
Three-Year Plan
2013 – 2015
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There are several discounted CAP Rates available to electric and gas residential low-income customers.

1. *Residential Electric CAP Rates*

CAP Rate Overview – CAP Rates and their associated discounts are included in the charts below:

CAP RATE A

CAP Rate	Income Requirements	PECO Rate	Months	kWh Level	Charge	Budget	Supplier
A	Annual Income: 0-25% of the FPL **with** Extenuating Circumstances* present Income verification is required **yearly**	R	All	0 to 1000	$12 per month total	A **budget is mandatory** to be placed on this rate @ enrollment (with the exception of any delinquent supplier dollars)	The customer **cannot** have an alternate supplier
				1001 to 1500	50% discount		
				over 1500	at Rate R		
		RH	Oct – Jun	0 to 2000	$30 per month total		
				over 2000	50% discount		
			Jul – Sep	0 to 1000	$30 per month total		
				over 1000	50% discount		

**PECO's Electric Service Tariff defines "extenuating circumstances" as:*

Extenuating circumstances shall include those individuals who demonstrate an inability to pay the billed rate of CAP B as a result of unique circumstances such as:

- ✓ *Health related matters:*
  - *Injury or illness*
  - *High medical bills*
  - *Medically related usage*
  - *Death in the family*
- ✓ *Sudden loss of employment*
- ✓ *Households that include at risk individuals such as:*
  - *Children below 8 years of age*
  - *Disabled persons*
  - *Infirm elderly*

- ✓ *Inability to maintain at least two CAP B payment arrangements*
- ✓ *High usage related to shelter conditions which are not treatable by LIURP*

CAP Rate A Provides a fixed rate to electric CAP Rate customers whose household incomes are at or below 25% of the FPL and have extenuating circumstances. CAP Rate A customers shall be limited to CAP Rate customers who otherwise demonstrate an inability to pay their bills as a result of unique circumstances such as those related to health (injury, illness, disability, high medical bills, medically related electric usage, death in the family), sudden loss of employment, the presence of high risk household members (children below 8 years of age, disabled individuals, or infirmed elderly), an inability to comply with at least two non CAP Rate A payment arrangements, or high non-discretionary electric usage related to shelter conditions not susceptible to mitigation through LIURP measures.

CAP Rate A customers that take service under Rate R will be required to pay a total monthly bill of $12 for all usage up to 1000 kWh. Monthly usage of 1001 kWh and above will be at CAP Rate D.

CAP Rate A customers that take service under Rate RH will be required to pay a total monthly bill of $30 for all usage up to 2000 kWh billed in the months of October through June and 1000 kWh in the months of July, August and September. Usage in excess of the kWh thresholds per month will be billed at the CAP Rate D.

CAP Rate A will be limited to an enrollment level of 7,500 customers[2].

Additionally, CAP Rate A customers and PECO CARES representatives shall work in a cooperative effort to maximize the amount of government or private financial assistance available to the customer. These customers will also receive assistance from PECO to restore service by other vendors of heating energy so as to reduce usage of electric space heating.

CAP Rate A customers will not be eligible to shop for generation service provided by a competitive electric generation supplier.

Finally, CAP Rate A customers will be required to re-certify their eligibility for service under CAP Rate A on an annual basis. In this respect, PECO will evaluate whether a customer's receipt of a LIHEAP grant would constitute adequate proof of income in years in which LIHEAP income eligibility and CAP income eligibility are the same.

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[2] From PECO Energy Company's Petition for Expedited Approval of Consensus Modifications, Docket Nos: R-00027870 M-00001418, page 7, paragraph B: CAP A will be limited to 7,500 customers with extenuating circumstances.

4. CUSTOMER ASSISTANCE AND REFERRAL EVALUATION SERVICES PROGRAM (CARES)

A. Program Description

The Company's CARES program is a referral and information service designed to assist low-income customers with special needs and / or extenuating circumstances that hinders their ability to pay their utility bill. When appropriate, eligible customers receive temporary protection from termination of service and specific education and referral information for energy and non-energy related assistance.

CARES services will continue in conjunction with PECO's Universal Services programs.

The goal of the CARES component of Universal Services is to educate and inform PECO customers of available resources such as, energy and non-energy assistance, budget counseling and housing assistance. This is to maximize the ability of customers to pay their energy bills.

There are two components to PECO's CARES program. PECO maintains an extensive referral network of community organizations, government agencies, and social service agencies that assists low-income customers. The second component is an in-house assistance program that includes three CARES administrators. CARES administrators assist customers on a personal basis with the identification of grant assistance and direct referrals. CARES administrators work with individual customers to ensure the customer receives the assistance they are eligible for based upon their income and circumstances and will provide direct follow-up to the customer as appropriate. Follow-up may be conducted with the agency accepting the CARES referral.

B. Eligibility Criteria

Customers who are low-income, special needs and have extenuating circumstances.

C. Projected Enrollment Levels

PECO anticipates that it will continue the same enrollment level for its referral component to CARES.

CARES support and referrals are integrated and designed to ensure the customer receives ample opportunity to receive benefits.

Direct CARES services are also provided from a variety of sources. PECO receives direct CARES referrals annually from outside social service agencies, Bureau of Consumer Services (BCS); Community Based Organizations (CBO's), as well as PECO's Call Center and Customer Service employees. These customers are evaluated for enrollment in PECO Universal Service Programs such as: health usage and CAP Rate A.

D. CARES Program Budget

See Section VI

E. Plans to Use Community-Based Organizations

PECO will continue to use the services and referrals from community-based organizations to assist in the enrollment of low-income residential customers into the CARES program. See Appendix A for agency referrals.

F. Explanation of any Differences Between This Plan and Previous 3 Year Plan

- Removed verbiage regarding home visits for CARES follow-up
- Changed CARES caseworkers to CARES administrators

Billing Summary

Bill Date		03/25/2013
Thank you for your payment of $260.00		
Thank you for your payment of $200.00		
Deferred payment agreement		$14.97
Deferred payment agreement		$9.54
Late payment charge		$0.14
Total Other Charges		**$24.65**
Current Period Charges		
Gas	$141.93	
Electric	$86.35	
Budget billing amount		$224.00
Total New Charges	**$228.28**	
Total Amount Due on 04/16/2013		**$248.65**

General Information

Next scheduled meter reading: **April 23, 2013**
PECO, 2301 Market St, Philadelphia, PA 19103-1380. If you have any questions or concerns, please call **1-800-494-4000** before the due date.
Si tiene alguna pregunta, favor de llamar al numero **1-800-494-4000** antes de la fecha de vencimiento.

Customer Self Service - Manage Your Account 24/7
- www.peco.com/ebill - Go paperless: receive and pay your bill
- www.peco.com/service - Start, stop and transfer your service
- www.peco.com/SmartIdeas - Save energy and money
- Pay by phone with credit/debit card at **1-877-432-9384** ($2.35 fee)

Message Center

New charges contain estimated total state taxes of $7.96, including $5.09 for State Gross Receipts Tax.

Your electric price to compare is $0.0869 per kWh.

Your **Total Account Balance of $1,385.03** includes your Total Amount Due and all other Arrangement/Agreement balances that are on this account.

248.65
228.28
20.37
OVER

When paying in person, please bring the entire bill

(continued on next page)