

**00087

C-2021-3024069

MINERVA MENDOZA
22 E RITTENHOUSE ST APT 204
PHILADELPHIA PA 19144

In Re - C - 2021 3024089
Administración LAW Judge Darlene Heep.
MINERVA MENDOZA
E-1 apt 4614 Longhure Ave apt A. - 2 unidades
Filadelfia PA 19135

Esta unidad no esta Registrada En Las
oficinas del con.

Esta unidad no tiene contador pero si
Luz Electrica lo Informe y los Empleados
de Peco no visitaron esta unidad
cuando la reporte personalmente. market st.
Filadelfia.

El apt 4615 2 floor. Longhure Ave. Filadelf PA
LA ENTRADA ES por la calle MARSDEN 19135
Peco Electric no corrigio LA direccion
correcta de esta cuenta - 67462-86066
En este Edificio Residen 4 Familias.

Firme contrato con PHA - 1-15-2019
4617 Longhure Ave apt A PHA
Filadelfia. PA 19135.

Esta Bituscion los Empleados de Peco
servicio al cliente oficiali se le reporta.
PHA NO Reportaron LA irregularidad.

MINERVA MENDEZ

1-

07452 - 86066 Peco electric
mar 10/09
FILA DE PA.

Apt 4615 Longshore Ave 2 floor
Philadelphia PA 19135

TA comy ~~mar~~ Marsdent st. Philadelphia 19135

Este Contador LA Direccion

Es Incorrecta: LA ENTRADA Este
Edificio - Marsdent st. 19135 Philadelphia

PARA ENTRAR a Este Edificio

ENTRAN POR LA calle Marsdent st
Philadelphia PA 19135.

El Inspector NO Reporto la
direccion correcta, EN Este

Edificio Residen 5 Residente.

EN El apt 4617 Longshore Ave apt A
Solo Residen 2 Residente, Edificio

El cual yo Reside 1 año 6 meses.

Solicite Inspector para que Investigen

El fraude y NO VISITA mi unidad
Longshore Ave. apt A Philadelphia PA 19135
2019

En El apt 4617 Longhwa Ave ap A
Tienen un cable conectado al
4615 Longhwa Ave 2 Fwr. (Que tienen
Filadelfia Pa 19135. EN un cuarto
suple luz)

Que conecta con El Aire Acondicionado
y agua caliente: Dicho Apt. 4617 Longhwa Ave
cuando solicite un trabajo que APT A
Filadelfia PA 19135

Visite LA oficina EN Market St 2301
OFICINA (1) y NO ENVIARON al trabajo
servicio al cliente (2019)
LA fecha 2019 que ES pere todo El dia
En El apt. y NI LLAMARON. NO IMPEDIARON

Reporte que mi cuenta Exeso y
Demotre En El sistema los
DOS Edificios. LA GRA - Debucan SH'ON
Yo nunca Reporte ET Fraude de
dichos Apartamentos yo no
Residia En Esa direccion. Que
yo Residia. 4615 Longhwa Ave. 2 Fwr.
Filadelfia PA, 19135

Caso: 07452-86066

3.

Peco Electric Company.

LAS Agencias mencionadas

- 1- Peco Electric Filadelfia PA
- 2- PHA Filadelfia PA
- 3- Community Legal Service Filadelfia PA
- 4- El Abogado de dichas unidades -

4617. Worsburn Ave ap A
Filadelfia PA 19138

- Damon O Lilly que
renta con fraude
por 11 años y

Esta Agencia NO
Investiga Correctamente

Yo tengo que Investigar
Este caso pues fui
Nombrada Esta ave
para comunidad Tacoma
y fui afectada
comunally

LA Agencia Public Utility
Comission HARRISBURG PA
17120

Yo Reporte Es Fraude
de las Agencias que
No Investigaron Profesionales
Profesionales.

Yo Recibe Ayuda Federal
1 - CAP (Customer assistance
Program)
2 - LIHA P - PCAD
3 - P.H.A - Housing Section
Inspectores de la Agencia.

Que Dicha
Factura Residen
3 Familias

Las Agencias que yo Recibi
Fondos Federales tienen
Que Inmensa Es Fraude
de Sr. DAMON Killy Rentals.

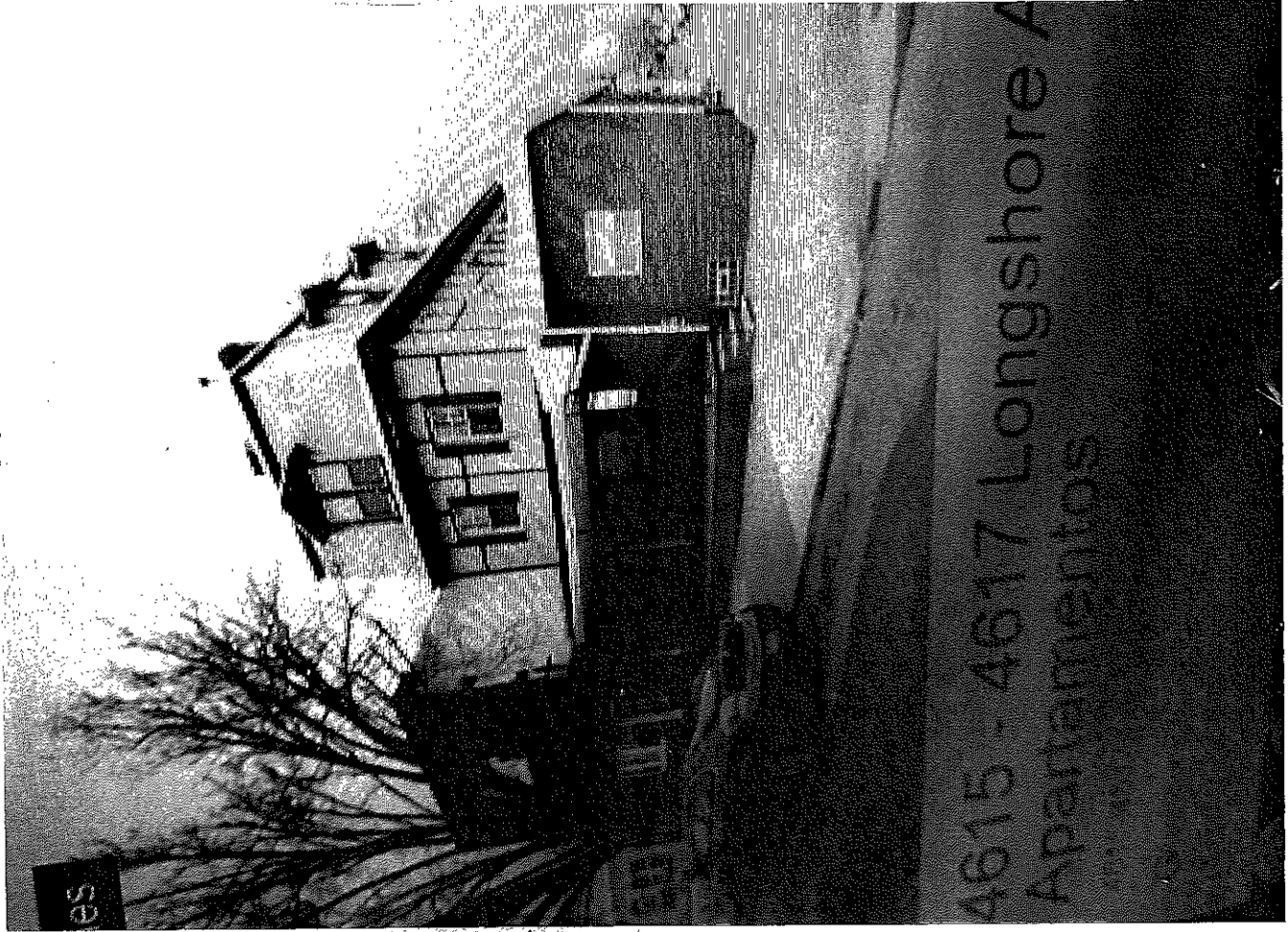
POR Esto me comuniqué con
Humberto Washburn Agencias.
at
Humberto Washburn

70 Per-

0-21-3024011

4615 Longshore
apt 2 floor
→ Philadelphia PA
19135

Entrada
CALLE
MARDEN
PHILADELPHIA PA
19135



Miranda Mendes
4617 Longshore Ave
apt A →
Philadelphia Pa 19135

4615 - 4617 Longshore A
Apartamentos



**PENNSYLVANIA HUMAN RELATIONS COMMISSION
PUBLIC ACCOMMODATIONS DISCRIMINATION QUESTIONNAIRE**

1. YOUR CONTACT INFORMATION

Name MINERVA MENDOZA

Address 22W Rittenhouse st 204

Philadelphia ^{Street} PA ^{Apt.} 19144

City State Zip Code

Phone Number: (H) _____ (Cell) 267-02-5792-

(W) _____ May we call you at work? Yes No

E-mail address: MINERVAM815@a.g.com.

Name, address and phone number of a person, who does **NOT** live with you and will know how to contact you:

Name DEBORAH SHINN Phone Number 267-206-5792

Address Business Analyst. PECO Electric Corp.

Philadelphia ^{Street} PA ^{Apt.} 19103

City State Zip Code

E-mail address: _____

2. AGAINST WHAT BUSINESS* OR ORGANIZATION DO YOU WANT TO FILE YOUR COMPLAINT?

Name PECO Electric Company: Philadelphia PA. 19101-0629

Address in PA 2301 MARKET ST Philadelphia PA 19103

Street City State Zip Code

Phone Number _____ E-mail address _____

Type of business Electric company Philadelphia PA 191 # 07652-86066

(*For example, restaurant, theater, delivery service, state or local government agency, etc.)

The Pennsylvania county where you were harmed: No Quisicnon Impccional Opti
4617 Longson Ave. PA. 19135

3. DESCRIBE HOW YOU WERE HARMED, AND WHEN, SO WE CAN DETERMINE IF WE CAN ASSIST YOU.* Check all that apply.

Write the date(s) you were harmed beside the discriminatory event or action:

- Admission refused _____ Re-admission refused _____
- Eviction (forced to leave) _____ Accused of shoplifting _____
- Different price charged for goods or service _____
- Different service _____ Service denied _____
- Privileges revoked _____ Surveillance (you were followed or watched) _____
- Racial profiling _____
- Different terms/conditions of contract _____
- Different terms/conditions of sale _____
- Different terms/conditions of service _____
- Different terms/conditions of goods _____
- Harassment (Complete #9 if you were harassed.) _____
- Denied access related to a disability P.H.A. Desaparecida documentosa
- Denied reasonable accommodation for a disability Ms. Green no me contestaba Tel.
- Interpreter denied (American Sign Language or other language) Peco Electric, P.H.A.
- Discriminatory notice or ad displayed or published _____

OTHER, please be specific: Language

***PLEASE ATTACH COPIES OF ANY DOCUMENTS SUCH AS AN AD, LETTER, RECEIPT, CONTRACT, ETC. TO BACK UP WHAT YOU ARE SAYING.**

4. DO YOU FEEL YOU WERE TREATED DIFFERENTLY (DISCRIMINATED AGAINST) BECAUSE OF ANY OF THE CHARACTERISTICS BELOW?

The commission can investigate your complaint only if you believe you were treated differently and harmed because of your race, color, religion, ancestry, sex, national origin, disability or the use, handling or training of a guide or support animal for blindness, deafness or physical disability. For example, if you feel you were treated worse than someone else because of your race, please indicate race as the reason. If you feel you were treated differently because of your race and sex, please check both race and sex. **Only check those reasons which explain why you were harmed.** Also, please identify your race, color, religion, national origin or ancestry, etc. if you were discriminated against based on those factors.

- Male Female Pregnant

Race Puerto Rico Color Blanca

Religion Catolica Ancestry Ciudadana Americana

National Origin (country in which you were born) SAN JUAN, P.R.

Association with a person of a different race than your own:
 Your race SPANOL the other person's race American African

Use of a guide or support animal for disability (please complete #6)

Handling or training of a support animal for disability (please complete #6)

Other (please specify) _____

I have a disability. (please complete #6) The manager, etc. treats me as if I am disabled.

I had a disability in the past. (please complete #6)

I have a relationship or association with someone who has a disability. (please complete #6)

RETALIATION

If you believe you were **harmed** because you complained about what you believed to be unlawful discrimination, because you **filed** a complaint about unlawful discrimination, or because you assisted someone else in complaining about discrimination, please complete the following information.

Date you filed a complaint with the PA Human Relations Commission 9-22-2020

If you filed a complaint with another agency, list the agency's name and date of filing:

Comunidad Legales Servicios

Date you complained about discrimination and person you complained to (name and position):

Tony Lavata #

Date you assisted someone in complaining about discrimination

3-9-2020 - 1424 Chesnut St Philadelphia PA 19102

5. STATE THE REASONS THE MANAGER, BUSINESS OWNER, ETC. GAVE FOR THE ACTIONS THAT HARMED YOU.

AMENASA, Que me pAGA por LA MUDANZA y DAR MALA INFORMACION al nuevo Dueño de Apt. Solicitado y NO pAgan Deposito \$1,730.00

Who told you about the reasoning for the action? Include his or her position or title.

(OHS) Que visitara a city House y lo informara

When were you told about the action taken against you? 6-13-2019 + 2-7-2020

Date(s)

If you were given no reason, please check here.

Regarding how you were harmed, please identify a person or persons who were treated better than you. For example, you were charged a different price for items in a department store than other customers, and you are wearing religious garments that identify your religion as different

from theirs.

Name of other person(s) - First and Last (if unknown, say who they were - another shopper, diner, etc.)

How is this person different from you? For example, what is his or her race, age, religion, etc.?

Government P.H.A. Federal PA

Please explain **exactly** how this person was treated better or differently than you. Include dates.

7-27-19 to 8-4-21

MS Green

If you cannot identify someone who was treated better or differently than you, you need to describe an incident, statement, etc. which can be investigated, and which directly relates to why you were treated differently than someone else.

Mr. Green P.H.A. NO atender me

Quejas y Recorrido Entregas - 7-27-18
1-22-20 6-22-20

6. IF YOU CHECKED ONE OF THE FOUR DISABILITY CATEGORIES NOTED IN #4 ABOVE, ANSWER THE FOLLOWING QUESTIONS. (IF NOT, SKIP TO #7)

What is your disability? Polio.

How long have you had this disability and when did it start? 1990

Do you still have this disability? yes no

If yes, how much longer do you expect to have the disability? VIDA.

What major life activities do **you have great difficulty performing** because of your disability (Check all that apply.)

- Seeing Hearing Bending Walking Lifting Stooping Turning
- Climbing Running Talking Standing for long periods
- Sitting for long periods Caring for yourself Thinking Concentrating
- Relating to Others

Other Major Life Activities (**Be specific**) PAIN

If you have had a disability in the past, when did it start, and what date did it end? 7-19-2021

If a business owner, manager or employee, etc. treats you as if you are disabled: What disability do they think or believe you have? ENTRE CARTA medica de mi cordice on

Names and positions of the people who are treating you as disabled: P.H.A. ms. Green. Mr. Daimon Lilly Turner. CARTAS medicas.

7-27-18-6-22-20
Carter.

Why do you think that these people think or believe you have a disability?

NO INTERESA - discriminación

How did the business owner, employee, etc. learn about your disability?

Entre Reporte del medico al PHA, ms. Green
y a Damon Lilly Rentador. apt. 2/617 Longshu Ave

On what date did they learn about your disability? Life. yes PHA #869903

Which specific person learned about your disability? (include his or her position or title)

Dr Miller, Baltimore, merited.

If you are related to someone who has a disability, what is your relationship to this person?

Dr Miller Therapy.

What is this person's disability? Polio

How and on what date did the business owner, manager, etc. learn about this person's disability?

No Interes

Did you ask for an accommodation or assistance? yes no

IF YES,

- (1) To whom did you make your request? NO Interes, PHA #869903
- (2) On what date was the request made? _____

(3) Please describe the accommodation or assistance you requested, and why.

Entrega Reporte Dr. Miller A PHA
y el Avendador apt. 4617 Longshu Ave. apt A 19135

Did the business owner, manager, etc. provide the requested accommodation or assistance?

yes no 7-2-28 PHA ms. Green.

If so, on what date? 7-27-18-02-10-2020-1-22-2020

If not, did he or she provide some other accommodation or assistance instead? yes no

If yes, please explain. MS Green EN Z AND NO
atendia mi situacion y me llamo Dec
31-2019 para tomar me que me Exio una carta.

Did the owner, manager, etc. deny your request for an accommodation or assistance?

yes no

if so, who denied your request? Esperaron desde 6 meses.

What date was the request denied? marzo 11-2020

What reason was given to you for the denial? Desapate eian documentos

me AMENASARON que le dia MAS
y perdí a mi Bebe con PHTA

7. IF YOU WERE DENIED ACCESS TO A PUBLIC ACCOMMODATION BECAUSE OF A DISABILITY, PLEASE DESCRIBE THE INACCESSIBLE FACILITY OR SERVICE, IN ADDITION TO COMPLETING QUESTION 6.

What service, facility or area was not accessible, and how? (Be as specific as possible, for example: entrance was not accessible because of stairs, doorway/aisles too narrow for wheelchair, medical facility refused to provide ASL interpreter, no accessible parking, etc.)

BANOS SIN Seguridad, EN LAS PAREDES, ENTRADA
NO ACCESIBLE, MEDICAL FACILITY refused ASL
Interpreter. LADRA GREEN NO contestara mis llamadas

8. IF YOU WERE DENIED ACCESS TO A PUBLIC ACCOMMODATION FOR A REASON OTHER THAN DISABILITY, PLEASE DESCRIBE THE INACCESSIBLE FACILITY OR SERVICE AND HOW IT WAS NOT ACCESSIBLE.

What service, facility or program was not accessible, and how was it inaccessible? (Be as specific as possible, for example: the business owner demanded that I order in English, when a Spanish-speaking employee was available.)

PHTA, Peco Electric, Filadelfia. PA community
Servicios Legales Filadelfia. PA
DESCRIMINAR EL LENGUAJE ESPAÑOL.

9. IF YOU CHECKED THAT YOU WERE HARASSED UNDER #3, ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE.

Name the person(s) who harassed you: Daimon Lilly - MB. VERTEN, Deborah Shim

His or her position or title (manager, owner, employee, fellow customer, etc.)

QUE EL Apt YO FIRME SECCIONES NO EXISTE, Informe Deborah Shim

When were you harassed: Starting date 5-28-2019 Ending date OCT 6-2020

Is the harassment still continuing? yes no

How often did the harassment occur? As well as possible, please indicate **date, month and year** of each incident and how often the harassing actions occurred.

One time only _____ Once a day Todos los meses

Several times daily _____

multiple times/week _____

multiple times/month Cuando le pagaba LA RENTA

Please provide two or three examples of the harassment you experienced.

Ignoraba mi Reclamo.

De Peco Electric Company de M. Cartera
muy ALTA que PASABA

Did you consider any of the above acts of harassment to be especially severe and/or offensive?

Yes No If so, please explain why. Que Lo Informado fue
NO VIVIA EN LA DICCION DEL CONTRATO. Y QUE
ME MUDARA Y INFORMABAN MAL Reforados por mis Quejas

Did the harassment have a negative or harmful effect on you or your health, or your health? If so, please explain:

Presion alta, Strees, pelo CAido EN
CANTIDADES, SISTEMA Neurologico afectado.
Estoy Tomando medicamentos. Medicament por
mi DAÑOS Neurologico

Did you complain to anyone about the harassment? Yes No

To whom did you complain? Trabajadora Social PHA Filadelfia

Name Position or title

What date did you complain? MAY 11 - 2020

Did the harassment stop after you complained about it? Yes No

If it ended, on what date did it stop? Esperé 6 meses para que me
ayudaran.

After you complained, were any other actions taken against you? (for example - eviction, denied service etc.) Yes No

What were the actions? NO Investigar Peco Electric, NO devolver

On what dates did they occur? Deposito \$1,730.00 Damon Lilly.

Who took the action against you? NO Devolver Deposito, DAMON Lilly.

Legal service Filadelfia. Name Position or title owner

Did this person know that you complained about the harassment? Yes No

10. IF YOU HAVE FILED THIS COMPLAINT WITH ANY OTHER LOCAL, STATE OR FEDERAL AGENCY, PLEASE ANSWER THE FOLLOWING:

Name of the agency with which you filed: PHA Seccrio de Vivienda. Secretario.
Justicia Washon. DC. 2019 - MR. administracion

Date of filing Inquiry or Complaint number

11. HAVE YOU BEEN INVOLVED IN ANY COURT ACTION REGARDING THIS MATTER? (COURT ACTION INITIATED BY YOU OR ANYONE ELSE). IF SO, PLEASE SPECIFY

THE COURT AND THE DATE FILED, TO THE BEST OF YOUR MEMORY.

Yes No PA App 6 - 2021 - # 2021-3094069
Court City County State Date filed

12. IF YOU HAVE FILED THIS COMPLAINT WITH ANY OTHER LOCAL, STATE OR FEDERAL AGENCY, PLEASE ANSWER THE FOLLOWING:

Name of the agency with which you filed: Alexy General Office
Washington DC United State
Date of filing Inquiry or Complaint number

13. IF YOU WILL HAVE AN ATTORNEY REPRESENTING YOU ON THIS MATTER, PLEASE HAVE YOUR ATTORNEY SEND US A LETTER THAT CONFIRMS THIS. (YOU DO NOT NEED AN ATTORNEY TO FILE A COMPLAINT.)

YOU MUST SIGN AND DATE THIS FORM BEFORE RETURNING IT.

I hereby verify that the statements contained in this form are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.

Signature Merion Mendoza
Date April - 27 - 2021

IF YOU HAVE OTHER INFORMATION YOU BELIEVE WE NEED TO KNOW TO HELP US UNDERSTAND YOUR COMPLAINT, PLEASE PROVIDE IT BELOW. FEEL FREE TO ATTACH ADDITIONAL PAGES TO DESCRIBE WHAT HAPPENED TO YOU AS COMPLETELY AS POSSIBLE.

11 años fraude de luz
y compañía Peco Electric
No Reporto correctamente la
deficiencia de apt 4617 Longme Ave
19135, la ofia Sete Visitó y
Quedaron En Enviar un Informe
a Esta dirección, no visitaron -
7 merion 4615 Longme Ave. Telfax PA 19135
yo no Residi Esta dirección.

3. DESCRIBE HOW YOU WERE HARMED, AND WHEN, SO WE CAN DETERMINE IF WE CAN ASSIST YOU.* Check all that apply.

Write the date(s) you were harmed beside the discriminatory event or action:

- Denied rental _____ Eviction _____ Denied sale _____
- Denied financing _____ Different/unequal treatment NO Pagan deposits
- Harassment Pagar cuenta otro apt. \$11,730.00
- (Complete question #7 if you were harassed.) 4615 Longhew Ave. P.A. 19135
- Denied reasonable accommodation for a disability Poco Electric
- Denied reasonable modification for a disability NO F.W. Tere

OTHER, please be specific: NO hot water for 1 month.
Chilling Leak and leak damage 1 year and 7 months

***PLEASE ATTACH COPIES OF ANY DOCUMENTS SUCH AS A LEASE, RENTAL AGREEMENT, APPLICATION, LETTER, RECEIPT, NEWSPAPER AD, ETC. TO BACK UP WHAT YOU ARE SAYING.**

4. DO YOU FEEL YOU WERE TREATED DIFFERENTLY (DISCRIMINATED AGAINST) BECAUSE OF ANY OF THE CHARACTERISTICS BELOW?

The commission can investigate your complaint only if you believe you were treated differently and harmed because of your race, color, religion, ancestry, age, sex, national origin, familial status, disability or the use, handling or training of a guide or support animal for blindness, deafness or physical disability. For example, if you feel you were treated worse than someone else because of your race, please indicate race as the reason. If you feel you were treated differently because of your race and sex, please check both race and sex. **Only check those reasons which explain why you were harmed.** Also, please identify your race, color, religion, national origin or ancestry, **if** you were discriminated against based on those factors.

- Male Female Pregnant
- Age (40 or older only): Date of Birth 8-19-1950
- Race Puertoriquena U.S. Latina Color Bianca
- Religion Catolica Ancestry Ciudadana Americana
- National Origin (country in which you were born) SAN JUAN, Puerto Rico
- Association with a person of a different race than your own:
 Your race SPANISH, English the other person's race Ingles
- Familial status (having a child, or children under age 18 housed by parent or legal guardian; or pregnant)
 Name(s) & age(s) of child(ren): NO
- Use of a guide or support animal for disability (please complete #6)
- Handling or training of a support animal for disability (please complete #6)
- Other (please specify) Reporte medicina, Lander, Poco Electric. Community Legal. Swin. P.H.A. Utility Commission. Attorney General Washin

I have a disability. (please complete #6) The manager, etc. treats me as if I am disabled.

I had a disability in the past. (please complete #6)

I have a relationship or association with someone who has a disability. (please complete #6)

RETALIATION

If you believe you were **harmed** because you complained about what you believed to be unlawful discrimination, because you **filed** a complaint about unlawful discrimination, or because you assisted someone else in complaining about discrimination, please complete the following information.

Date you filed a complaint with the PA Human Relations Commission Reporte Medicos

If you filed a complaint with another agency, list the agency's name and date of filing:

P.H.A - 869903 - Community Legal Service 29-0370430. Peco Company

Date you complained about discrimination 8-20 (8-9-2020) (5-28-19 44399)

Date you assisted someone in complaining about discrimination 29034

5. STATE THE REASONS THE PROPERTY MANAGER, OWNER, ETC. GAVE FOR THE ACTIONS THAT HARMED YOU.

NOTENIA Dinero PARA REPARAR LA UNIDAD Y INSTALAR UN CONTADOR
AL Apt 467 HOUSHAKE, PA, 19135. Peco Electric

Who told you about the reasoning for the action? Include his or her title or position. 71222

NO TENGO dinero. PARA REPARAR.

When were you told about the action taken against you? 6-29-19 - 01-22-2020

Date(s)

If you were given no reason, please check here.

Regarding how you were harmed, please identify a person or persons who were treated better than you. For example, as a hispanic person inquiring about an apartment, you were told it was unavailable, but the apartment was rented the same day to a white, non-hispanic person.

Name of other person - First and Last (if known)

How is this person different from you? For example, what is his or her race, age, religion, etc.?

Please explain **exactly** how this person was treated better or differently than you. Include dates.

DR. Miller community, Therapy Hospital Dental
Dept. Tempo University, Pharmacy.

If you cannot identify someone who was treated better or differently than you, you need to describe an incident, statement, etc. which can be investigated, and which directly relates to why you were treated differently than someone else. HAUSING, PHA

6. IF YOU CHECKED ONE OF THE FOUR DISABILITY CATEGORIES NOTED IN #4 ABOVE, ANSWER THE FOLLOWING QUESTIONS.

What is your disability? Polio, tibia tendinitis, Previous Foot
How long have you had this disability and when did it start? 1990 surgeries
Do you still have this disability? yes no
If yes, how much longer do you expect to have the disability? POV VIDA.

What major life activities do **you have great difficulty performing** because of your disability (Check all that apply.)

- Seeing Hearing Bending Walking Lifting Stooping Turning
 Climbing Running Talking Standing for long periods
 Sitting for long periods Caring for yourself Thinking Concentrating
 Relating to Others

Other Major Life Activities (Be specific) PAIN,

If you have had a disability in the past, when did it start, and what date did it end? 1990-

If your landlord, property manager, etc. treats you as if you are disabled: What disability do they think or believe you have? NO INTERES

Who are the people that are treating you as disabled (names and positions)?
Dr. Miller DR DR Ortopedic.

Why do you think that these people think or believe you have a disability?
PAIN, PROBLEMA CAMIÑA, TORILLO DOLOR, Extension

How did your landlord, manager, etc. learn about your disability? NO INTERES Tendo No,

On what date did they learn about your disability? Dic 6 - 2019

Which specific manager/official/agent) learned about your disability?
Alchibavan los Veprter y No Les Importava

If you are related to someone who has a disability, what is your relationship to this person?
Terapia tecnica. Pen University Filadelfia PA 19

What is this person's disability? Terapista.

How and on what date did the landlord, manager, etc. learn about this person's disability?
NOSE NO INTERES.

Did you ask for an accommodation, modification or assistance? yes no

IF YES,

(1) To whom did you make your request? P.H.A, CARTAS A/ Rendor

(2) On what date was the request made? MEDICAS. CARTA =

(3) Please describe the accommodation or modification you requested, and why.

P.H.A ENTREGUE CARTAS Y NO LE IMPORTA. NO INTERES.

Did the landlord, manager, etc. provide requested accommodation or modification? yes no

If so, on what date? _____

Did he or she provide some other accommodation or assistance instead? yes no

If yes, please explain. MS. N. GREEN P.H.A - # 869909 ME DESAPARECIO DOCUMENTOS, POR 2 AÑOS Y EL LANDLOR EL CONTRATO LO TACHO DE \$965.00 A \$1730.00 Y EL LA LO APARTO

Did the landlord, manager, etc. deny your request for an accommodation or modification? yes no MS. GREEN P.H.A

If so, who denied your request? ESPERARON 1 AÑO Y 8 MESES.

What date was the request denied? DOCUMENTOS DESAPARECIDOS P.H.A

What reason was given to you for the denial? NO LE IMPORTABA Y ME AMENASO, QUE REPORTE EL PROBLEMA A P.H.A. Y PECO ELECTRIC CORP. COMMUNITY LEGAL SERVICE.

7. IF YOU CHECKED THAT YOU WERE HARASSED UNDER #4, ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE.

Name the person(s) who harassed you: P.H.A MS. N GREEN, LANDLOR PECO ELECTRIC

His or her position or relationship to the landlord, manager, etc. NO INTERES

When were you harassed: Starting date 5-28-2019 Ending date 8-4-2020

Is the harassment still continuing? yes no

How often did the harassment occur? As well as possible, please indicate **date, month and year** of each incident and how often the harassing actions occurred.

- One time only _____
- Several times daily _____
- multiple times/week _____
- Once a day todos los meses ¹⁹⁷⁰ ₂₀₂₀

multiple times/month _____

Please provide two or three examples of the harassment you experienced.

Le Entregó CARTA del medico y a la Srta. V Green
En P.H.A. EN 3 AÑO NO SE COMUNICABA CON
mi personal. Visite oficina - Por 3 años Entregando
Documentos.

Did you consider any of the above acts of harassment to be especially severe and/or offensive?

Yes No If so, please explain why. Se me desaparecieron los
Documentos Entrega a su nombre. ms. V Green.
El handbook se le envío copia del Diagnostico medico.

Did the harassment have a negative or harmful effect on you or your health? If so, please explain:

Presión alta, Examen de stress, y tomar
medicamentos, caída del pelo por el stress
Paralización del sistema nervioso. -

Did you complain to anyone about the harassment? Yes No

To whom did you complain? Peco Electric, CARTA al Secretario
de P.H.A. Visita oficina a Peco Electric personal.
Name Position or Relationship to Landlord, etc.

What date did you complain? 6-13-19-Peco, Diferente Fechas.

Did the harassment stop after you complained about it? Yes No P.H.A. ms. V Green

If it ended, on what date did it stop?

After you complained, were any other actions taken against you? (for example - eviction, denied service etc.) Yes No

What were the actions? Documentos desaparecidos, Todo En P.H.A

On what dates did they occur? 1/8/20 Varias Fechas.

Who took the action against you? Amesaron que no lesaba nada NO.

Did this person know that you complained about the harassment? Yes No certificaron

8. HAVE YOU BEEN INVOLVED IN ANY COURT ACTION REGARDING THIS MATTER? (COURT ACTION INITIATED BY YOU OR ANYONE ELSE). IF SO, PLEASE SPECIFY THE COURT AND THE DATE FILED, TO THE BEST OF YOUR MEMORY.

Yes No _____ Court _____ City _____ County _____ State _____ Date filed

9. IF YOU HAVE FILED THIS COMPLAINT WITH ANY OTHER LOCAL, STATE OR FEDERAL

AGENCY, PLEASE ANSWER THE FOLLOWING:

Name of the agency with which you filed P.H.A - 869903 - PECO Electric
44399-29034 - Community Legal Service - 20-0370410 -
Date of filing utility commission HARRISBURG. PA BC5-3771021
Inquiry or Complaint number

10. IF YOU WILL HAVE AN ATTORNEY REPRESENTING YOU ON THIS MATTER, PLEASE HAVE YOUR ATTORNEY SEND US A LETTER THAT CONFIRMS THIS. (YOU DO NOT NEED AN ATTORNEY TO FILE A COMPLAINT.)

YOU MUST SIGN AND DATE THIS FORM BEFORE RETURNING IT.

I hereby verify that the statements contained in this form are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.

Signature Melva Smith

Date April - 27 - 2021

IF YOU HAVE OTHER INFORMATION YOU BELIEVE WE NEED TO KNOW TO HELP US UNDERSTAND YOUR COMPLAINT, PLEASE PROVIDE IT BELOW. FEEL FREE TO ATTACH ADDITIONAL PAGES TO DESCRIBE WHAT HAPPENED TO YOU AS COMPLETELY AS POSSIBLE.

Informe al Arrendador: Daimon o Lilly del problema de
LA CUENTA de Peco Electric: NO ES LA direccion del
Contrato que firme. 4617 Longshore Apt A Filad PA 19135
6-29-19-
El uso mi nombre: Al Contador del Apt 4615 Longshore
PA 19135 Dónde Residen 3 Familia En diferente
Edificio. Lo Reporte a: PHA. Inspectores copiaron LA
Cuenta del apt. 4615 Longshore Ave PA 19135.
PECO Electric Sra. Deborah Shinn Indico comunicacion
Telefonica que el Apt 4617 Longshore Ave. Apt A. 19135 Filad
NO Existe. No residia EN EL mismo. No quiere Inspeccionarlo.
El arrendador me Dene \$1,730.00 por Deposito
y No quiere pagarme.

El contrato que firme -1-15-19 hasta
8-4-2020 donde este arrendador tiene
Irregularidades y Estuvo que visitó al
Medico del Corazon, EN Penn University.

Les ENVIÓ Copia de.

- 1- P.H.A # OWNER NO. 510035
↳ MINERVA Mercado 2A - No-869903
- 2- Community Legal Service -
- 3- Peco Electric Company Filadelfia PA.
- 4- Contrato de P.H.A firmado.
- 5- Copias de Cuenta Peco Company.
- 6- PGW Company que paga El
Gas. EN Dicha Direccion: 4617 Longshore Ave Apt A
Filadelfia PA 19135
- 7- Copia de Utility Commission -
- 8- Copia de Contrato al Pagar
El Deposito \$1,730.00.
- 9- Inspectores 2 Diferentes Inspecciones,
1 de Las Irregularidades EN LA
UNIDAD. 4617 Longshore Ave. apt A
Filadelfia PA. 19135.
- 11- apt 4617 Longshore NO aparece
EN El sistema de Peco Company
Filadelfia PA.

PRIMARY ELECTION 2018
STREET LIST

PHILADELPHIA CITY COMMISSIONERS
Chairperson Lisa Deeley
Vice Chairman Al Schmidt
City Commissioner Anthony Clark

HEGERMAN ST (CONTINUED)

6954	BORIE	KRISTINA M	D
6954	* HASSICK	KAYLEE M	D
6954	* JOHNSON III	WILLIAM J	D
6954	* RIVERA	SHATANA	D
6954	* VOLZ	BRIAN M	R

KNORR ST

4623	THACH	MARY	D
4701	RODRIGUEZ	JOHNATAN	D
4701	TORRES	ANGEL	D
4703	PEREZ ROSA SR	SAIMARY S	D
4705	WILLIAMS SR	MICHAEL K	D
4707	* HARRINGTON	RAFEEM K	D
4707	HARRINGTON	SHARON D	D
4707	MINTZ	SHARIFF Q	D
4707	MINTZ	SHARONDA S	D
4707	SNYDER III	JAMES O	R
4707	WHEELER	ANDRE L	R
4709	ROBINSON	MARK A	D
4711	BRODHEIM	MARIE F	R
4711	SWEENEY	ELIZABETH A	D
4711	SWEENEY	KEVIN P	N
4713	* KITCHENS	SARAH M	D
4713	OSUCH	JAMES S	D
4713	OSUCH	WALTER J	D
4715	FERNANDEZ	SAMANTHA	D
4715	* ROONEY	JENNIFER L	D
4717	STONEHILL SR	DAVID L	R
4721	JUDGE	KATIE M	D
4721	STIER	CHARLES A	R
4723	* DETHOMAS	WILLIAM D	D
4723	MOORE	REBECCA D	D
4723	RICKUS	GARY S	D
4723	* RICKUS	JOSHUA S	D
4723	RICKUS	KIM T	D
4723	RICKUS	SHAYLYN R	D
4727	RILEY	RACHEL ANN E	D
4727	RILEY JR	RICHARD P	D
4729	PAONESSA	ANTHONY P	D
4729	UNDERWOOD	JULIETTE A	R
4729	UNDERWOOD	LORETTA T	R
4729	UNDERWOOD	RICHARD J	R
4731	NOVOSAD	IRENE T	R
4733	* PFLAUMER	JANET E	R

LONGSHORE AVE (CONTINUED)

4715	* WILLIAMS	MARIEA N	D
4717	ADAMS	RYAN	D
4717	COPPINGER	LINDA L	D
4723	HARRIS	ANDRE J	D
4723	JACKSON	LAMAR A	D
4727	BARR	SHANDELL T	D
4727	MITCHELL	THERESA L	D
4727	* TISDALE	ANTONIA	D
4727	TISDALE	DANYELL M	D
4727	TISDALE	SHARICE C	D
4729	LACZKOWSKI	PATRICIA	D
4729	SIMPSON	GERALDINE M	D
4729	TORRES	ADRIAN	D
4729	TORRES	JOSE E	D
4620	DONALD	VIVIAN P	D
4620	* EVERHAM	TRACEY A	D
4620	GALLEN JR	JOHN J	D
4620	STYLES	AISHA K	D
4704	BROADNAX	MONTEEK N	D
4704	LEE	CHARDONEE L	D
4704	PEEK JR	ANTHONY B	N
4704	REEDER	ANEESHA F	D
4706	CARLIN	RAYMOND P	R
4706	RIVERA JR	DANIEL	R
4706	WETZEL	FREDERICK T	R
4708	BAMBINO	KATHLEEN	D
4708	GONZALEZ	SASHANA M	D
4708	MCLEAN	ANDREA R	D
4708	MCLEAN	DE ANDRE L	D
4710	BLAGRAVE	ANNA M	D
4710	BLAGRAVE	CHARLES E	D
4710	MARTIN	KRYSTAL I	N
4710	MASON SR	JAMES A	D
4710	MATOS GONZALEZ	CARMEN S	D
4710	MINNAR II	CRAIG S	R
4710	QUINDLEN	THOMAS S	D
4712	COATES HAWKS	JUSTIN D	D
4712	KOEBERT	MATHEW R	R
4712	NAGLE	PATRICIA A	D
4712	SCHULTZ	MICHAEL D	R
4712	* WHITE	ALEXANDER M	R
4712	* WHITE	CAROLYN A	D
4716	* DALY	ROBERT C	R
4716	FERRANTE	FRANCIS M	R
4716	* RATTIGAN	MICHAEL J	D
4718	COLLAZO JR	RAFAEL	D
4718	FELICIANO	NANCY A	D
4718	ONEILL	TERRENCE B	D
4720	ARRIARAN	SUSAN M	N
4720	MATHER	DONNA L	D
4720	* STINGER	DAWN M	D
4720	WARNER	MARYLYNN	N
4722	CARRERO	MINELLY	D
4724	ATCHERSON	ALICIA R	D
4724	BAKER	ANTOINETTE M	D
4724	DALTON	NIDERA N	D
4724	DEMARCO	MARYLYNN	D
4724	DUNMEYER	JERVAZZ J	D
4724	GOMEZ	MARILYN M	R
4724	* PORTER JR	WILLIAM G	D
4724	WIMBERLEY	ELLEE K	D
4724	YOUNG	COURTNEY M	D
4730	JUNG	ALANNA C	D

MARSDEN ST

6827	JONES	CRYSTAL T	D
6827	JONES	KAREN D	D
6831	DENOFA	SLEATA J	D
6831	RODRIGUEZ	LESLIE E	R
6833	FERRIS	MARC R	D

4 caps +

3

FATA UNA
Unida que
LAVENTA
PHA

Existe 4
contadores

(B...)

Faltas de otros

