



**VIA ELECTRONIC MAIL**

October 25, 2022

Rosemary Chiavetta  
Secretary PA Public Utility Commission  
Commonwealth Keystone Building  
400 North Street  
P.O. Box 3265  
Harrisburg, PA 17105-3265

Re: M-2018-3003177 – Peoples Natural Gas Company 2019-2024 USECP  
M-2020-3021343 – Peoples Gas Company 2019-2024 USECP  
P-2020-3017641 – Amendment to Peoples Natural Gas Company 2015-2018 USECP  
M-2014-2432515 – Peoples Natural Gas

Dear Secretary Chiavetta:

On behalf of the Peoples Natural Gas Company LLC and Peoples Gas Company LLC (“Peoples”), this **CORRECTED** letter shall confirm that Peoples has, in compliance with the August 25, 2022 Order, implemented a paper Customer Assistance Program (“CAP”) application effective October 1, 2022. The application was designed to provide a simple, easy-to-understand format and includes instructions on acceptable forms of income documentation for submission along with the application. The application cover letter provides information on the other application alternatives, such as applying via phone, via the web, or by contacting a community-based agency. Peoples has discussed the paper application with its Universal Service Advisory Group stakeholders to support a full implementation.

A copy of the application is attached hereto.

Please contact me at (412) 208-6834 should you have any questions or concerns regarding this matter.

Jennifer L. Petrisek  
Sr. Counsel

Certificate of Service

## CERTIFICATE OF SERVICE

I hereby certify that I have this day served a true copy of the foregoing document upon the parties, listed below, in accordance with the requirements of § 1.54 (relating to service by a party).

### VIA ELECTRONIC MAIL:

Christy Appleby, Assistant Consumer Advocate  
Patrick Cicero, Consumer Advocate  
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Harrisburg, PA 17101-1923  
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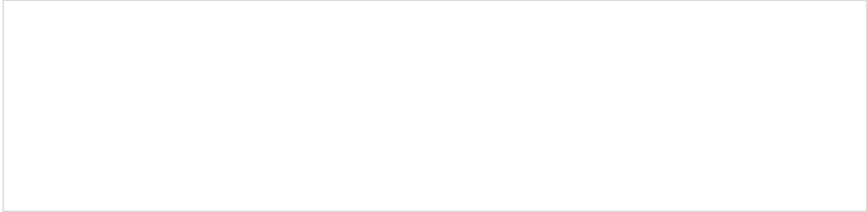
Jennifer L. Petrisek

Dated this 26<sup>th</sup> day of October, 2022.

# APPLICATION



**RETURN THIS LETTER  
WITH YOUR APPLICATION**



Per your request, enclosed is an application to determine your eligibility for enrollment into Peoples Customer Assistance Program. Along with this completed application, you must provide documentation for all sources of income in your household (see reverse side for more information), as well as a copy of your utility bill and utility service termination notice, if applicable.

The completed application form and all provided documentation will be verified by Dollar Energy Fund. A representative may contact you to request additional information before processing the application.

This process may take 3-4 weeks or more. If your circumstances require a more prompt decision, you are encouraged to complete an application in person at one of our community-based agency sites, over the phone by calling 1-888-282-6816, or online at [www.dollarenergyfund.org/myapp](http://www.dollarenergyfund.org/myapp).

Applying does not guarantee enrollment into Peoples Customer Assistance Program.

**PLEASE RETURN THIS COVER LETTER  
ALONG WITH THE COMPLETED APPLICATION  
AND REQUIRED DOCUMENTS TO:**

Dollar Energy Fund  
Box 42329  
Pittsburgh, PA 15203-0329

- APPLICATION CHECKLIST:**
- Completed and signed application form
  - Income documentation for all members of the household
  - Copy of utility bill
  - Copy of utility service termination notice (if applicable)

If you have any questions or need assistance completing this application, please contact Dollar Energy Fund at 1-888-282-6816. We look forward to receiving your application.

Sincerely,  
Dollar Energy Fund

**YOU MUST SUBMIT DOCUMENTATION FOR ALL INCOME SOURCES IN YOUR HOUSEHOLD. THE FOLLOWING LIST PROVIDES INFORMATION ON ACCEPTABLE FORMS OF DOCUMENTATION. PLEASE ONLY SEND A COPY OF YOUR DOCUMENTATION AS IT WILL NOT BE RETURNED. ALL COPIES OF DOCUMENTATION RECEIVED BY DOLLAR ENERGY FUND WILL BE DESTROYED AFTER VERIFICATION.**

Please note that emailed receipts confirming deposits to a bank account are unacceptable as proof of income. Pre-paid debit/credit card statements showing direct deposits from valid sources (Social Security, Department of Public Assistance, etc.) are acceptable in lieu of a bank statement.

<b>INCOME TYPE</b>	<b>DESCRIPTION</b>
<b>Black Lung Benefits</b>	A copy of the benefit award letter or bank statement showing deposit of your benefits.
<b>Spousal Support</b>	For court-awarded spousal support, a Domestic Relations computer screen print of last 30 days of spousal support received. If your spousal support is voluntary, a note telling us how much you receive each month.
<b>Disability</b>	A copy of the statement showing the expected benefit amount.
<b>Interest</b>	A copy of the statement showing the amount of interest that you received in the last 30 days.
<b>Other</b>	Income is from a source with no documentation available. No additional information is needed for this person.
<b>Pension</b>	A copy of the pension check stub showing the gross amount or the letter that was sent to you from the pension board.
<b>Public Assistance</b>	A printout from the Department of Public Welfare website showing the amount of your monthly benefits or your Notice to Applicant Letter.
<b>Rental Income</b>	A copy of the lease that your tenant signed or a notarized statement telling us how much income you receive each month from your tenants.
<b>Royalties</b>	A copy of the statement showing the amount that you received.
<b>Salary/Wages</b>	A copy of the pay stubs that show us the amount you made before taxes for the last 30 days.
<b>Self-Employment</b>	A copy of your tax return including schedule C. If you do not file taxes, a copy of the statement telling us how much income you had in the last 30 days and the source of that income.
<b>Social Security</b>	A copy of your social security benefits statement or a letter from the Social Security Administration.
<b>SS Disability</b>	A copy of your social security benefits statement or a letter from the Social Security Administration.
<b>SSI</b>	A copy of your social security benefits statement or a letter from the Social Security Administration.
<b>Sub-Contractor</b>	A copy of the pay stubs that show us the amount you made before taxes for the last 30 days.
<b>Unemployment</b>	A copy of the statement showing the amount of unemployment compensation that you will receive.
<b>Utility Check</b>	A copy of the statement showing the expected benefit amount.
<b>Veteran's Income</b>	A copy of the letter from the Veteran's Administration or the veteran's benefit statement.
<b>Worker's Comp</b>	A copy of the statement from Worker's Compensation showing the expected benefit amount.



**SELECT THE PROGRAMS YOU ARE APPLYING FOR**

**Customer Assistance Program**

**Dollar Energy Fund Grant**

Complete the following information for each household member

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>BIRTHDATE</u>

PRINT YOUR ADDRESS STREET, CITY, STATE, ZIP CODE

\_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PEOPLES ACCOUNT NUMBER \_\_\_\_\_

My gas service is off       I have a termination notice      Termination Date \_\_\_\_\_

Do you own your home? \_\_\_\_\_ Do you rent your home? \_\_\_\_\_ Subsidized Housing? \_\_\_\_\_

Have you APPLIED FOR LIHEAP? \_\_\_\_\_ Have you APPLIED FOR CRISIS? \_\_\_\_\_

PERSON WITH INCOME	TYPE OF INCOME	MONTHLY INCOME (before taxes)

**Affidavit**

I certify that the information presented in this application is true and accurate to the best of my knowledge. I understand that providing false information in this application is grounds for denial and dismissal of my application. I acknowledge that I am responsible for notifying Dollar Energy Fund if my household or income information changes.

Signature \_\_\_\_\_ Date \_\_\_\_\_