



National Fuel®

Dominick A. Sisinni
Senior Attorney

February 2, 2023

VIA ELECTRONIC FILING

Ms. Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building, 2nd Floor
400 North Street
Harrisburg, PA 17120

RE: National Fuel Gas Distribution Corporation's ("**National Fuel**")
Universal Service and Energy Conservation Plan for 2022-2026
at Docket No. M-2021-3024935 –

Further Revised LIRA Application Submitted, in Compliance with Commission
Order Entered on December 22, 2022 at Docket No. M-2021-3024935 (the
"**Order**") and Secretarial Letter Dated February 2, 2023 ("**February 2, 2023
Secretarial Letter**")

Dear Secretary Chiavetta:

On January 13, 2023, National Fuel filed a Revised LIRA Application in compliance with the above-referenced Order. Per the February 2, 2023 Secretarial Letter, National Fuel was directed to file a further revised LIRA Application to clarify that only the income for adult household members must be reported on same (in conformity with National Fuel's Plan approved per the Order).

Pursuant to the February 2, 2023 Secretarial Letter, National Fuel hereby files the enclosed Further Revised LIRA Application. To aide the Commission's review of this Further Revised LIRA Application, it is attached in both clean and redline form at Exhibit A-1 and Exhibit A-2, respectively.

Thank you for your time and attention to this matter. Should you have any questions or concerns, please do not hesitate to contact me at (814) 871-8177.

Very truly yours,

Dominick A. Sisinni

cc: *Per 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 52 Pa. Code 1.54 (relating to service by a party)

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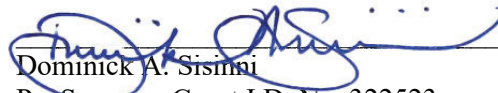
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Date: February 2, 2023


Dominick A. Sisinni

Pa. Supreme Court I.D. No. 322523
National Fuel Gas Distribution Corp.
P.O. Box 2081
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National Fuel®

LIRA Application

P.O. Box 2081 • Erie, PA 16512-9906

This application **must be returned to National Fuel** by _____

IF YOU NEED HELP COMPLETING THIS APPLICATION, PLEASE CALL **1-888-282-6816**.

Avoid delays, apply online at www.dollarenergy.org

Name:	Account Number:
Address:	SSN or Alternate ID#**:
City, State, ZIP:	Date of Birth (MM/DD/YY):
Phone Number:	Email Address:

COMPLETE THIS SECTION FOR YOURSELF	
Income Source:	Amount:
2 nd Income Source:	Amount:

(SEE REVERSE SIDE FOR EXAMPLES OF ACCEPTABLE PROOF OF INCOME)

PERSONS LIVING IN YOUR HOME: *(For additional household members, please provide information on last page)*

NOTE: LIST ALL HOUSEHOLD MEMBERS. PROVIDE INCOME SOURCE FOR ADULT HOUSEHOLD MEMBERS ONLY. YOU DO NOT NEED TO LIST INCOME FOR MINORS*

Full Name:	
SSN or Alternate ID#**:	Date of Birth (MM/DD/YY):
Relationship to you:	Minor (Y/N)*:
Income Source:	Amount:
2 nd Income Source:	Amount:
Full Name:	
SSN or Alternate ID#**:	Date of Birth (MM/DD/YY):
Relationship to you:	Minor (Y/N)*:
Income Source:	Amount:
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SSN or Alternate ID#**:	Date of Birth (MM/DD/YY):
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Income Source:	Amount:
2 nd Income Source:	Amount:

(SEE REVERSE SIDE FOR EXAMPLES OF ACCEPTABLE PROOF OF INCOME)

***Minors** are defined as children under the age of 18. **DO NOT complete income information for minors.**

****Alternate ID:** If providing alternate ID, please mail copy of ID with the application. Alternate ID could include (but not limited to) one of the following: valid driver's license, green card, state issued ID, or passport.



Verification of Income: Please attach **COPIES** of proof listed below to verify ONE MONTH of total household income or annual income if your income for the last 30 days is higher than usual.

SOURCE:	ACCEPTABLE PROOF (COPIES):
Wages	Recent pay stubs, statement from employer
Unemployment	Eligibility letter, benefit check
Public Assistance	Notice of Eligibility
Pension	Pension check, benefit letter
Social Security/SSI/SSD	Benefit statement, bank statement
Self-employment	Most recent federal tax return

Does your Household receive Food Stamps? (Y/N):	Monthly amount:
Do you own or rent your home (circle one): OWN RENT	Square Footage of home:
Select home type (circle one): Single Home Apartment Row/Semi/Townhome Mobile Home Other (please specify):	

REMINDER - It is very important to pay your bills on time and in full!

Important Information Regarding the LIRA Program:

National Fuel’s LIRA program is offered per National Fuel’s Universal Service and Energy Conservation Plan (Plan) as approved by the Pennsylvania Public Utility Commission and National Fuel’s Pennsylvania Tariff. The attached **LIRA Features Sheet** summarizes key provisions of National Fuel’s LIRA program.

In addition, if enrolled in LIRA, I acknowledge and agree:

- My monthly LIRA budget payment is reviewed regularly by National Fuel and is subject to change.
- All bills must be paid to receive the full benefit of the LIRA program. If I do not pay my LIRA bill, my gas service may be terminated. No extensions or payment arrangements will be offered.
- If my gas service is terminated, I must pay the notice amount plus a turn on charge for reconnection.
- I must promptly notify National Fuel if my household size or income changes.
- If I fail to respond when asked to update my household and income information, I will be removed from LIRA.
- If I refuse energy conservation/weatherization services, I will be removed from LIRA. If I rent, I will not be penalized if the landlord does not agree.
- National Fuel is my current gas supplier and must remain my gas supplier while I participate in the LIRA program. If I choose to buy gas from another supplier, I will be removed from LIRA.
- The service address must be my personal residence and gas service used at this address is for me and members of my household solely for residential purposes for heating, hot water, cooking and drying clothes.
- I have notified all adult household members of the terms and conditions of the LIRA program and that they are listed on the application. They have been notified they are responsible for all gas bills as an occupant of the residence.

LIRA Applicant’s Acknowledgment and Signature:

I am interested in participating in Customer Assistance Programs with my other utilities and sharing my LIRA eligibility information with them.

Yes No

I have read and understand the contents of my LIRA application and agree to the terms and conditions of the LIRA Program and certify that all statements/certifications made in this application are true, accurate, and correct. In addition, my signature also confirms that I have read, reviewed, and acknowledged the LIRA Features Sheet. My signature on this form grants permission for disclosure and release of information to NATIONAL FUEL concerning employment, income, public benefits received, and agencies and banking institutions to verify this information. In addition, if I selected “yes” to the question concerning interest in programs with other utilities, I consent to the information provided in this LIRA application to be shared with other utilities for purposes of determining eligibility for their Customer Assistance Programs.

SIGNATURE: _____ Date: _____



ADDITIONAL HOUSEHOLD MEMBERS:

Full Name:	
SSN or Alternate ID#**:	Date of Birth (MM/DD/YY):
Relationship to you:	Minor (Y/N)*:
Income Source:	Amount:
2 nd Income Source:	Amount:
Full Name:	
SSN or Alternate ID#**:	Date of Birth (MM/DD/YY):
Relationship to you:	Minor (Y/N)*:
Income Source:	Amount:
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National Fuel®

LIRA Application

P.O. Box 2081 • Erie, PA 16512-9906

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NOTE: LIST ALL HOUSEHOLD MEMBERS. PROVIDE INCOME SOURCE FOR ADULT HOUSEHOLD MEMBERS ONLY. YOU DO NOT NEED TO LIST INCOME FOR ~~DEPENDENTS~~MINORS*

Full Name:	
SSN or Alternate ID#**:	Date of Birth (MM/DD/YY):
Relationship to you:	Dependent <u>Minor</u> (Y/N)*:
Income Source:	Amount:
2 nd Income Source:	Amount:
Full Name:	
SSN or Alternate ID#**:	Date of Birth (MM/DD/YY):
Relationship to you:	Dependent <u>Minor</u> (Y/N)*:
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*~~Dependents~~Minors are defined as children ~~or other individuals who are dependents~~ under federal tax rules, the age of 18. **DO NOT complete income information for ~~dependents~~minors.**

****Alternate ID:** If providing alternate ID, please mail copy of ID with the application. Alternate ID could include (but not limited to) one of the following: valid driver's license, green card, state issued ID, or passport.



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Pension	Pension check, benefit letter
Social Security/SSI/SSD	Benefit statement, bank statement
Self-employment	Most recent federal tax return

Does your Household receive Food Stamps? (Y/N):	Monthly amount:
Do you own or rent your home (circle one): OWN RENT	Square Footage of home:
Select home type (circle one): Single Home Apartment Row/Semi/Townhome Mobile Home Other (please specify):	

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SIGNATURE: _____ Date: _____



ADDITIONAL HOUSEHOLD MEMBERS:

Full Name:	
SSN or Alternate ID#**:	Date of Birth (MM/DD/YY):
Relationship to you:	Dependent Minor (Y/N)*:
Income Source:	Amount:
2 nd Income Source:	Amount:
Full Name:	
SSN or Alternate ID#**:	Date of Birth (MM/DD/YY):
Relationship to you:	Minor (Y/N)*:
Income Source:	Amount:
2 nd Income Source:	Amount:
Full Name:	
SSN or Alternate ID#**:	Date of Birth (MM/DD/YY):
Relationship to you:	Dependent Minor (Y/N)*:
Income Source:	Amount:
2 nd Income Source:	Amount:
Full Name:	
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Relationship to you:	Dependent Minor (Y/N)*:
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2 nd Income Source:	Amount:
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Relationship to you:	Minor (Y/N)*:
Income Source:	Amount:
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Full Name:	
SSN or Alternate ID#**:	Date of Birth (MM/DD/YY):
Relationship to you:	Dependent Minor (Y/N)*:
Income Source:	Amount:
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Income Source:	Amount:
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