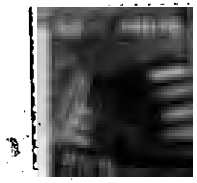
Mr. Kermit Williams
9923 St State St.
Chicago, IL 60628

MAILING DATE: 13/11/6
USPS CONSUMER AFFAIRS
CASE# CA11455412
USE THIS FOR TRACKING

ACC T# 45000 6818 4365
LIHEAP INFO ENCL -

PEOPLES GAS
PO BOX 19100
GREEN BAY WI 54307-9100



OFFICIAL FILE
I.C.C. DOCKET NO. 14-0429
Exhibit No. Complainant Ex. 2
Witness Kermit Williams
Date 2/18/14 Reporter TC

State of Illinois
Department of Human Services

SEQ: 34975

Notice of Extended Approval Period

Date of Notice: AUGUST 19, 2013

Case ID: 08-236-01-D99756
Caseload: 807

Local Office:

WILLIAMS, KERMIT 236
9923 S STATE ST
CHICAGO IL 60628-1301

ROSELAND LOCAL OFFICE
11203 SOUTH ELLIS AVE
CHICAGO, IL 60628-4696

Telephone: (773) 660-7000
TTY: (773) 660-2309

To serve you and the rest of our customers more efficiently, we are going to extend your eligibility for the Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) for six months. This means you will not have to complete an application to continue your SNAP benefits for another six months.

You will continue receiving SNAP through MARCH 2014.

You will continue to receive the same amount of SNAP benefits unless you report a change.

Unless you have any of the following changes to report, do not contact your office regarding this notice.

PEOPLES GAS

ACCOUNT NUMBER: 4 5000 6818 4365

RE: THIS IS MY REPLY TO NOTICE & REQUEST FOR SERVICES, THIS IS IN COMPLIANCE TO/WITH APPLICABLE LAW(S) AS WELL, COINCIDE TO/WITH 305 ILCS 5/1-1 (A COPY IS HEREBY ENCL.), 1CFR, 23 FR 645, 45 CFR, 220 ILCS 5/1-102, 18 CFR,... etc. & MY CONSTITUTIONAL GUARANTEES,

00001063 PG960E 1,067 1256

KERMIT J WILLIAMS
9923 S STATE ST
CHICAGO IL 60628-1301

PEOPLES GAS
PO BOX 19100
GREEN BAY WI 54307-9100

Please Pay By 11/21/2013 $52.00

Please write your account number on your check.

* Amount Due	* Amount Enclosed
$52.00	HARDSHIP PAYMENT PLAN

*11/4/13, LIHEAP APPL#4382695 ENCL
*LOW INCOME LIVING HOUSEHOLD/DWELLING
*IDHS CASE# 8-236-1-D99756; *CFDA # 93.252
*ENCL. A COPY OF EXTENDED APPROVAL PERIOD --- DATE OF NOTICE 8/19,

Yes, I would like to pledge one dollar per month to the Share the Warmth fund which helps low-income customers pay energy bills.
I have added one dollar to my payment. Check this box -> ☐

Please do not write or stamp below this line.

40450006818436500001000000520000000

Illinois Compiled Statutes

Information maintained by the Legislative Reference Bureau
Updating the database of the Illinois Compiled Statutes (ILCS) is an ongoing process. Recent laws may not yet be included in the ILCS database, but they are found on this site as Public Acts soon after they become law. For information concerning the relationship between statutes and Public Acts, refer to the Guide.

Because the statute database is maintained primarily for legislative drafting purposes, statutory changes are sometimes included in the statute database before they take effect. If the source note at the end of a Section of the statutes includes a Public Act that has not yet taken effect, the version of the law that is currently in effect may have already been removed from the database and you should refer to that Public Act to see the changes made to the current law.

PUBLIC AID
(305 ILCS 5/) Illinois Public Aid Code.

(305 ILCS 5/Art. I heading)
ARTICLE I. PUBLIC PURPOSE - SHORT TITLE - PRIOR STATUTE - CONSTRUCTION

(305 ILCS 5/1-1) (from Ch. 23, par. 1-1)
Sec. 1-1. Public purpose-Aims in providing financial aid and services. The purpose of this Code is to assist in the alleviation and prevention of poverty and thereby to protect and promote the health and welfare of all the people of this State.

To accomplish this purpose, this Code authorizes financial aid and social welfare services for persons in need thereof by reason of unemployment, illness, or other cause depriving them of the means of a livelihood compatible with health and well-being, and provides for the development, use and coordination of all resources in this State, governmental and private.

The Illinois Department shall establish such standards of financial aid and services as will encourage and assist applicants and recipients to maintain a livelihood compatible with health and well being and to develop their self-reliance and realize their capacities for self-care, self-support, and responsible citizenship.

The maintenance and strengthening of the family unit shall be a principal consideration in the administration of this Code. All public aid policies shall be formulated and administered to achieve this end.
(Source: P.A. 89-507, eff. 7-1-97.)

(305 ILCS 5/1-2) (from Ch. 23, par. 1-2)
Sec. 1-2. Short title. This Act may be cited as the Illinois Public Aid Code.
(Source: P.A. 86-1475.)

(305 ILCS 5/1-3) (from Ch. 23, par. 1-3)
Sec. 1-3. (Repealed).
(Source: Laws 1967, p. 122. Repealed by P.A. 92-111, eff. 1-1-

Illinois Low Income Home Energy Assistance Program (LIHEAP)

To contact the Energy Assistance Hotline: Toll Free (877) 411-9276

To report LIHEAP/IHWAP fraud or abuse: DCEO, Office of Energy Assistance
Attn: Fraud Unit, 500 E. Monroe, Springfield, Il 62701

Agency Name: Community and Economic Development Association of Cook County Inc.

ApplicationID: 4382695

Intake Site: 511 Brock Social Services Organization

County: Chicago

Program Year: 2014

Application Date: 11/4/2013

Service Requested: CLASSIFIED

HOH	S.S.N.	First Name	M.I.	Last Name	G.	Birth Date	Ethnic Group	Eman.	Dis.	Vet.	Wages	SSA	Unempl.	SSI	TANF	AABD	GA	Other
X	399-62-2712	Kermit		Williams	M	1/3/1963	African American				$0	$0	$0	$0	$0	$0	$0	$0
					Total Household Income Is		$0				$0	$0	$0	$0	$0	$0	$0	$0

All household members printed

Dwelling Type: Single Family **Food Stamps:** [X]
Ownership: Own
Monthly Rent: $0
Service Address: 9923 S State St
City: Chicago **Zip:** 60628-1301
County: Chicago
Cell Phone (224)203-6654
--None--
--None--

Mailing Address: 9923 S State St
City: Chicago Zip: 60628-1301

Required Doc's	Received			Reviewed
Household Income		X		11/4/2013
Household SS Numbers		X		11/4/2013
Primary Energy Bill		X		11/4/2013
Secondary Energy Bill		X		11/4/2013
Zero Income Affidavit		X		11/4/2013

Referrals

- [ ] Nutrition
- [ ] Home Health
- [ ] Circuit Breaker
- [ ] Home Stead Exemption
- [ ] Energy Conservation/Saving Tips
- [ ] Other _____
- [ ] Wx
- [ ] I -Save Rx
- [ ] Link-Up
- [X] SSI
- [ ] All Kids
- [ ] Life Line

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the stationary purpose as outlined under the Low Income Home Energy Assistance Act of 1981 as amended. Disclosure of this information is REQUIRED. Failure to provide any information will result in this application not being processed. This application has been approved by the State Forms Management Center.

APPLICANT STATEMENT: I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ABOVE IS AN ACCURATE AND COMPLETE DISCLOSURE OF THE REQUESTED INFORMATION. I AUTHORIZE THIS AGENCY TO VERIFY THE INFORMATION AND CONTACT MY UTILITY/FUEL SUPPLIER, LANDLORD AND/OR OTHER SOURCES FOR VERTIFICATION OR ADDITIONAL INFORMATION AND TO EXCHANGE INFORMATION CONTAINED IN OR OTHERWISE USED REGARDING MY APPLICATION AND PARTICIPATION IN LIHEAP. I HAVE RECEIVED INFORMATION OUTLINING MY APPEAL RIGHTS. I UNDERSTAND THAT FILLING OUT THIS APPLICATION DOES NOT GUARANTEE THAT MY HOUSEHOLD WILL RECEIVE ASSISTANCE. THE PURPOSE OF THIS DOCUMENT IS TO PROVIDE A SUMMARY OF THE APPLICATION TO THE CLIENT FOR THE FUTURE REFERENCE.

Kermit Williams — *Signature of Applicant* — 11-4-13 Date

Mary Dixon — *Signature of Intake Worker* — 11-4-13 Date

Eligibility Verification / Determination Signature — Date

Payment Authorization Signature — Date

Primary Vendor
- [X] Client Pays
- [ ] Medical Cert.

COR: Kermit Williams
Fuel: Natural Gas
Vend: Peoples Gas, Light, and Coke Company
Acct#: 4500068184365
Status : Disconnected
- [X] Verified

Secondary Vendor
- [X] Client Pays
- [ ] Medical Cert.

COR: Kermit Williams
Fuel: Electric
Vend: Commonwealth Edison Company
Acct#: PRIVATE CONTENT(S)
Status :
- [X] Verified

PRIVATE CONTENT(S)

Gas Lights