

# HIV & HOUSING ADVOCACY MANUAL



1211 Chestnut Street, Suite 600  
Philadelphia, PA 19107  
(215) 587-9377

# OVERVIEW OF THE EVICTION PROCESS

## I. NOTICE TO VACATE

- A landlord is required to give tenant a written notice to vacate, unless the tenant has agreed to waive his or her right to receive notice in the lease.
- Length of time required depends on the lease or the reason for the eviction.

## II. LANDLORD-TENANT COMPLAINT

- To lawfully evict a tenant, a landlord must first file a landlord-tenant complaint in Municipal Court (in Philadelphia County) or District Justice Court (in surrounding counties).
- A hearing will be scheduled within approximately **two to three weeks**.
- Tenant must be served with notice of the hearing.

## III. COURT HEARING

- Tenant must appear on time for the hearing. Otherwise, a default judgment will be entered in favor of the landlord. If a default judgment is entered, and the tenant has a good reason for not appearing at the hearing, it may be possible to file a **Petition to Open** the default judgment. A tenant should seek legal advice before doing this.
- At the hearing, tenant can do one of two things:
  - (1) Make an agreement with the landlord. These agreements are binding and cannot be appealed. OR
  - (2) Go before a Judge who will decide the case.

## IV. APPEALS

- If a Judge rules against the tenant, the tenant may appeal the judgment. The tenant must appeal within **ten days** and will be required to deposit a certain portion of the monthly rent with the Court of Common Pleas.

## V. WRIT OF POSSESSION

- If the landlord receives a judgment for possession and there is no appeal:
  - (1) **Ten days** after the date of the judgment, a landlord can file for a **Writ of Possession**.
  - (2) On or after the **eleventh day** after the date the Writ of Possession was served, the tenant can be locked out. A sheriff or landlord-tenant officer will deliver an **Alias Writ of Possession** to the tenant's door. A tenant will have one opportunity, within a 30 day period, to retrieve his or her belongings.

TOTAL TIME: Approximately 6-8 weeks from Complaint to Eviction.

## CLIENT IS THREATENED WITH AN ILLEGAL LOCKOUT

Philadelphia Code Section 1-600 prohibits a landlord from engaging in self-help eviction practices, including changing the locks to a tenant's apartment, terminating the utilities, or forcibly removing a tenant's belongings. The landlord must have an Alias Writ of Possession before he or she can evict the tenant.

### 1. Step One:

Advise the tenant of his or her rights. If the landlord has not taken the tenant to court and obtained an Alias Writ of Possession, the eviction is illegal. If the tenant is locked out, he or she can call the Philadelphia Police who will assist tenants in re-gaining access to their property.

### 2. Step Two:

Call the landlord and inform him or her of the illegality of such a lockout and Philadelphia Code Section 1-600. Try to confirm that the landlord will not lock the tenant out, and will instead pursue legal options in court. Follow up conversation with a letter, repeating the warnings of the potential civil and criminal penalties for illegally evicting a tenant. A sample letter is attached as Appendix A.

## IF A CLIENT HAS NO HEAT

The Philadelphia Code, Section P.M. 406.2.1 entitles tenants to 68 degrees Fahrenheit of continuous heat from October 1 to April 30. If the client has no heat, you may wish to follow these steps.

### 1. Step One:

Notify the landlord of the problem, by telephone and by letter. A sample letter is attached as Appendix B. If the client still does not have heat within a reasonable time, follow step two.

### 2. Step Two:

The client should call the Licenses and Inspections heat hotline at (215) 686-2590. An inspector should inspect the property within a few days and will send a citation to the landlord/owner. A re-inspection should occur within 1-2 weeks. You may need to contact the inspector to follow up on the re-inspection. It is also a good idea to send a follow-up letter to Charmaine Butler, Emergency Heat Services Unit, Department of Licenses & Inspections, Municipal Services Building, Rm 1140, 1401 JFK Blvd, Philadelphia, PA 19102. A sample letter is attached as Appendix C.

### 3. Step Three:

If after a certain period of time the client remains without heat, there are other remedies, such as repair and deduct or withholding rent. The client can also purchase a space heater to heat the property and deduct the cost from his or her rent.

Before repairing and deducting or withholding rent, the client, or advocate, should send a letter to the landlord informing him or her of the specific plans. Additionally, if the tenant remains in the property, and is eventually taken to court by the landlord, a Court may find that he or she is responsible for some portion of the monthly rent; therefore the tenant may need to consider whether to withhold all of the rent. Any rent withheld should be deposited into the bank.

### 4. Other options:

If the client remains without heat for a prolonged amount of time throughout the winter, and has tried all possible remedies, the client can break the lease and move. Before doing so, be certain to send the landlord a letter informing him of the reason for vacating the apartment.

Before exercising any of these options, the client should seek advice from an attorney.

## IF A CLIENT NEEDS REPAIRS

If a client needs repairs, the first step is for the client or advocate to send a letter to the landlord requesting that the repairs be completed. A sample letter is attached as Appendix D. Client should keep a copy of this letter. It is also a good idea for clients to photograph, or otherwise document any condition needing repairs.

If the repairs are not made within a reasonable time (which would depend on the condition needing repair), the client may have various legal options, including:

- a) Repair and deduct
- b) Withhold a portion of rent
- c) Vacate the unit.

The client can also contact Licenses and Inspections to request an inspection. The phone number for L & I is (215) 686-2463.

The best option to exercise depends on the condition that needs repair. Before exercising any of these options, the client should seek advice from the AIDS Law Project of Pennsylvania.

## IF A CLIENT WANTS HIS OR HER SECURITY DEPOSIT BACK

1. **Step One:** Before vacating the unit, the tenant should make sure to give the landlord proper written notice that he/she is moving out (the time required to give notice should be stated in the lease). This notice should include a forwarding address where the security deposit should be sent. The client may also wish to take pictures of the apartment before vacating, to document its condition. A sample letter is attached as Appendix E.
2. **Step Two:** Within 30 days of the tenant moving out, the landlord should send the tenant the security deposit, minus the cost of any property damages, if any, which must be included in an itemized list.

If a tenant owes rent to the landlord, or breaks the lease early, he or she may have no claim to the security deposit.

3. **Step Three:** If the tenant has not received the deposit, or challenges the deductions, tenant can sue the landlord in Small Claims Court or in District Justice Court for the deposit. The tenant may also request an award of double damages.

### **Interest on Security Deposits**

A tenant is only eligible to receive interest on the security deposit after they have been living in the premises for two years. There is no specified rate of interest required, it only need equal the current rate of interest. Additionally, the landlord is entitled to deduct 1% for administrative costs.

## UTILITY SHUT-OFFS

### 1. Landlord Termination

A landlord may not unilaterally terminate a tenant's utilities. Section 1-600 of the Philadelphia Code equates interference with a tenant's utilities with an illegal lockout or otherwise prohibited self-help eviction practice.

### 2. Utility Company Termination Because of Owner's Failure to Pay.

If the landlord is responsible for paying the utilities and fails to do so, the utility company may terminate the services. This type of termination is governed by a Pennsylvania state law: Utility Service Termination Rights Act (USTRA). Tenants should receive a 30 day shut-off notice because of their landlord's failure to pay. The tenant (or group of tenants) has the opportunity to pay the last monthly bill in order to keep the service on. The amount a tenant pays directly to the utility company may be deducted from the rent.

### 3. Utility Company Termination Because of Tenant's Failure to Pay.

A tenant can try to avoid a shut-off by making a payment plan or by obtaining a medical certification.

#### a. PGW

1. Main Number: (215) 235-1000

2. Low-Income Payment Plan

PGW's low income plan is the Customer Responsibility Program (CRP). Tenants must have gross income at or below 150% of the poverty level to qualify and must pay 5% of balance down to enter the program. Minimum monthly payments are \$30. The balance is held in abeyance if the client adheres to the payment plan.

3. Medical Certification

An individual can avoid a gas shut-off, or have service restored, if he or she can provide medical certification that a member of the household is ill and the condition will worsen if gas is not provided. If shut-off has not occurred, the client can orally notify PGW and follow up with written certification within 7 days. Certification will prevent a shut-off for 30 days and can be renewed once. Medical certification can only be used once in a 12 month period. A PGW medical certification form is attached as Appendix F.

**b. PECO**

1. Main Number

1-800-494-4000

2. Low-income Payment Plan

PECO's low income payment plan is called CAP. To enroll, families or individuals must be at or below 150% of poverty level. The specific elements of the plan depends upon the participant's income.

3. Medical Certification

PECO will not shut off the electricity if someone living in the premises is seriously ill. The customer can prevent a shut-off by informing PECO of their condition and providing certification within 3 days. The certification can be oral or written. If it is oral, PECO can demand written certification. Certification can be renewed for two additional 30 day periods. Certification must be done by a doctor and must include the following:

- (1) Name and address of customer;
- (2) Name and address of affiliated person and relationship to customer;
- (3) Nature and anticipated length of condition;
- (4) Specific reason why service is required;
- (5) Name, address, and telephone number of physician.

A PECO medical certification form is attached as Appendix G.

**c. Water Revenue Board**

1. Main Number

(215) 686-6880

2. Low Income Payment Plan

The water department has the Water Revenue Assistance Program (WRAP). Client's income must be at or below 150% of poverty to be eligible. The monthly payments will depend on the household income and expenses. The balance will be held in abeyance as long as client remains financially eligible for the program and the property is not sold.

If the client does not qualify for WRAP, there may be other payment plans

available. These plans will require a down payment.

The AIDS Law Project has copies of the WRAP application if needed.

### 3. Medical Certification

If a customer has a medical condition that will be made worse by lack of water service, they can prevent a water shut-off by submitting written medical certification to the WRB. The written certification must be submitted within 5 days of oral notification. Such certification will prevent a shut-off for 30 days and can be renewed once. Certification must include:

- (1) written on doctor's stationery;
- (2) signed by doctor;
- (3) include name and address of sick person;
- (4) provide doctor's name, address, and telephone number;
- (5) Doctor must verify he/she has examined ill person, the nature of the illness and the expected duration.

## TYPES OF HOUSING ASSISTANCE FOR PEOPLE WITH HIV AND AIDS

### 1. Direct Emergency Financial Assistance (DEFA)

- a. DEFA is a source of emergency funds that can be used for delinquent utility bills, back rent, first and last month's rent for a new apartment, medical bills and other specified emergency situations.
- b. To qualify for mortgage assistance, a homeowner must have an AIDS diagnosis.
3. Clients may access up to \$1500 in emergency funds (\$2000 for a family of 3 or more) in one year.
4. Case managers can complete the DEFA application, but persons living with HIV and AIDS are not required to receive ongoing case management services to apply for these funds.
5. Applications are submitted to the Philadelphia Health Management Corporation, Attention: Curtis Osborne, 260 South Broad Street, 21<sup>st</sup> Floor, Philadelphia, PA 19102, (215) 985-6886, (215) 985-2550(fax).
6. Funds do not go to the client, but rather are sent directly to the vendor (landlord, utility company, etc).
7. Applications take approximately 2-4 weeks to process.
8. Clients receiving Section 8 or other housing subsidies (including AACO), are ineligible for DEFA funds to pay back rent or utilities.

### 2. Ongoing Housing Subsidies

- a. In Philadelphia, the AIDS Activity Coordinating Office (AACO) processes housing subsidy applications for PWAs.
- b. AACO administers two kinds of subsidies: tenant based and project based.
  1. Tenant based subsidies allow a person to locate his or her own unit in the private rental market, provided that the landlord agrees to accept the subsidy.
  2. Project based assistance is a subsidy tied to a specific building. As long as an individual lives in the specific building, he or she will receive the subsidy; however, if he or she relocates, the assistance will not continue.
- c. Eligibility is determined using a variety of factors, but to qualify, a PWA must meet the CDC definition of AIDS or be disabled (according to Social Security Administration standards) by HIV or AIDS.
- d. Case managers or housing counselors complete the applications and forward to AACO. The client's case is then presented before the AACO housing committee, which decides to approve or deny the subsidy.
- e. Outside of Philadelphia, each county has its own agency that administers housing subsidies for PWAs.

## THE MORTGAGE FORECLOSURE PROCESS

The mortgage foreclosure process depends on the client's mortgage. The AIDS Law Project advises homeowners on their rights, links them to services and emergency funding, and negotiates payment plans with mortgage companies. If client has received a foreclosure complaint or wants to file for bankruptcy, he or she should contact an attorney immediately.

### 1. Step One: Notice of intention to foreclose

Before a mortgage company can foreclose on a home, it must notify the homeowner of their intention to do so. The type of notice required depends on the client's mortgage.

#### a. FHA, HUD-insured mortgages

A homeowner with a federal mortgage will receive an Act 6 "Notice of Intention of Foreclosure." This notifies the homeowner that the company intends to bring a foreclosure action in 30 days. The mortgage company should consider certain loss mitigation tools, such as a forbearance or loan modification, before foreclosure. If a client is interested in these options, he or she should contact the mortgage company directly for more information.

#### b. Non-FHA, non-HUD mortgages

Homeowners with non-federally insured mortgages must receive an Act 91 notice, which gives a homeowner an opportunity to meet with a credit counseling agency and apply for Homeowners Emergency Mortgage Assistance Program (HEMAP) loan, before a foreclosure action can begin. HEMAP is a state program, administered by the Pennsylvania Housing Finance Agency, that provides qualifying homeowners with ongoing mortgage assistance for up to 24 months. After 24 months, the homeowner will be expected to resume making full mortgage payments.

#### Notice/Action

Act 91  
Meeting at Credit Counseling Agency  
HEMAP application

#### Amount of time action is stayed

No action for 30 days  
No action for 30 days  
No action for up to 60 days while  
pending

2. **Step Two: The foreclosure complaint**

If the situation has not been resolved, the homeowner will receive a foreclosure complaint. The homeowner must answer the complaint within 20 days from the date the complaint is served. If an answer is not filed, the mortgage company can obtain a default judgment after 10 more days. If a default judgment is entered, a sheriff's sale will be scheduled in 3-4 months. The homeowner should receive notice of the date of the sheriff's sale and it will also be posted in the newspaper.

Total Time: 4-5 months

3. **Step Three: A complaint in ejectment**

If the house is sold at a sheriff's sale, the new owner of the house must file an Action in Ejectment to evict the resident. The resident (former homeowner) will receive a copy of this complaint and will have 20 days to answer. If the homeowner fails to respond, a default judgment will be entered and the sheriff's office will then schedule an eviction.

Total Time: 45-60 days

## USEFUL TELEPHONE NUMBERS

- |     |  |              |
|-----|--|--------------|
| 1.  | AIDS Law Project of Pennsylvania   | 587-9377     |
| 2.  | Consumer Credit Counseling Service of Delaware Valley  | 563-5665     |
| 3.  | Department of Environmental Health (rodent control)  | 685-9719     |
| 4.  | Delivery Services<br>(State program that provides funds for security deposits and back rent)           | 560-2178     |
| 5.  | Dixon House<br>(Rental assistance for zip codes: 19145, 46, 47, 48)                                    | 336-3511     |
| 6.  | Licenses and Inspections   |              |
|     | Inspections  | 686-2463     |
|     | Heat Hotline   | 686-2590     |
|     | Code Violations  | 686-2443     |
|     | License Issuance   | 686-2418     |
| 7.  | Municipal Court  |              |
|     | Civil Listings   | 686-7980     |
|     | Judgments & Petitions  | 686-7989     |
| 8.  | PECO   | 800-494-4000 |
| 9.  | PGW  | 235-1000     |
|     | LIHEAP Program   | 560-2970     |
|     | Crisis Program   | 686-2590     |
| 10. | South Lehigh Assistance Council<br>(Rental assistance for zip codes: 19121, 32, 40, 41)                | 229-2801     |
| 11. | Southwest Community Development Center<br>(Rental assistance for zip codes: 19104, 31, 42, 43, 51, 53) | 729-0401     |
| 12. | Tenants Action Group/TRAC  | 575-0700     |
| 13. | Water Revenue Department   | 686-6880     |

# APPENDIX

Date

XXXXXXXXXXXXXXXXXXXX  
Philadelphia, PA

By Certified & Regular Mail

RE:    xxxxxx  
      xxxxxx

Dear Landlord:

Please be advised that this office represents xxxxxxx, who has received your verbal warnings to vacate the premises.

It is illegal in Philadelphia to lock-out a tenant from his dwelling unit. If you wish to have Mr. xxxxxx evicted from your property, you must use the legal process designed for evictions provided by Pennsylvania law. No tenant can be forcibly removed or locked out before these procedures have been followed.

**You should be aware that any person who illegally locks out a tenant is subject to a fine or penalty of \$100-\$300 or imprisonment not exceeding 90 days, for each offense, as provided by the Philadelphia Code, §9-1605.** These criminal penalties are in addition to any civil complaint that can be filed.

A tenant who is illegally locked out is entitled to call the Philadelphia Police, who have been instructed to verify the lawfulness of the eviction. If the lock-out is illegal, that is, if no alias writ of possession has been executed, the police will allow the tenant to regain possession to the unit and have the authority to arrest the landlord for violation of the Philadelphia Code.

I am confident that this information will assist you in your future actions with regards to Mr. xxxxxxx.

Thank you for your cooperation. Please feel free to contact me should you have any questions.

Sincerely,

Appendix A

Date

Name  
Address

RE: xxxxxxxx

Dear Landlord:

As you know, this office represents xxxxxxxx, who resides at the above-referenced property. I am writing to advise you that according to xxxxxx, the heat is not working in her home.

A landlord is obligated to provide a tenant with 68 degrees of continuous heat throughout the winter months. Therefore, we are requesting that the heat be repaired as soon as possible.

If the heat is not restored, xxxxxx may consider various legal options, including, but not limited to, repairing the heat and deducting the cost from her rent, contacting Licenses & Inspections, and withholding her monthly rental payments.

Thank you for your prompt attention to this matter. If you any questions about this letter, please contact me.

Sincerely,

Appendix B

Date

Charmaine Butler  
Supervisor  
Emergency Heat Services Unit  
Department of Licenses & Inspections  
Municipal Services Building, Rm 1140  
1401 JFK Blvd  
Philadelphia, PA 19102

RE: xxxxxxxx  
Germantown Avenue  
Philadelphia, PA 19144

Dear Ms. Butler:

Please be advised that this office represents xxxxxxxx, who resides at the above-referenced property. I am writing to alert you to an ongoing heat emergency at xxxxxx Germantown Avenue. The central heating and cooling system at xxxxxxGermantown Avenue has been broken since July. Mr. xxxxxx has not yet had heat this winter.

The Department of Licenses & Inspections inspected the property on November 1, 1999. Enclosed please find a copy of the list of open violations for the property.

Mr. xxxxxxx has continued to report his lack of heat to Licenses & Inspections since November 2, 1999. A re-inspection was conducted in late November, but the heat has not been restored.

Kindly advise me of any action being taken by Licenses & Inspections in this matter. I can be reached at (215) 587-9377. Thank you very much for your cooperation and assistance.

Sincerely,

Appendix C

Date

Name  
Address

Dear Landlord:

I am writing to you regarding the repairs that are needed to the house I rent from you located at  
XXXXXXXXXXXXXXXXXXXXXXXXXX.

The specific problems needed repair are:

List repairs needed

As you may recall, we discussed these problems on xxxxxx date.

These conditions are serious and I consider them to be a breach of your legal responsibility to keep the leased premises in a safe, sanitary and livable condition.

If these conditions are not corrected in \_\_\_\_\_ days, I will consider exercising my legal options, including contacting Licenses & Inspections, making the necessary repairs and deducting the cost my rent, or withholding my rent payments.

Thank you for your prompt attention to this matter.

Sincerely,

Appendix D

Date

LL name  
Address  
City, State, Zip

Via Certified Mail, Return Receipt Requested

RE: xxxxxx

Dear Landlord:

As you know, I was your tenant at xxxxxx. I vacated the property on xxxx date.

As you may know, a landlord is required to return a tenant's security deposit, with an itemized list of any deductions, to the tenant within 30 days of the termination of the lease. Accordingly, please forward my security deposit to:

Name  
Address

If you have any questions, please contact me at xxxxxxxx. Thank you for your cooperation in returning my security deposit within 30 days.

Sincerely,

Appendix E

# Philadelphia Gas Works MEDICAL EMERGENCY CERTIFICATION FORM

TO BE COMPLETED BY CUSTOMER OR APPLICANT FOR MEDICAL PROTECTION:  
PGW Account Number: \_\_\_\_\_

PGW Customer's Name: \_\_\_\_\_

PGW Customer's Address: \_\_\_\_\_

Philadelphia, PA 191 \_\_\_\_\_

Customer's Phone Numbers:

Day: (\_\_\_\_) \_\_\_\_\_

Evening: (\_\_\_\_) \_\_\_\_\_

Please contact me during the \_\_\_\_ day \_\_\_\_ evening

Customer's Representative (if any): \_\_\_\_\_

RETURN TO: CREDIT/COLLECTION DEPARTMENT  
PHILADELPHIA GAS WORKS  
800 West Montgomery Avenue  
Philadelphia, PA 19122

PGW's Phone: (215) 235-1777

PGW's Fax: (215) 684-6150

If you are a tenant and the delinquent gas bill is in your landlord's name, fill in your name, address, and phone number(s) below:  
\_\_\_\_\_  
\_\_\_\_\_

**YOUR GAS SERVICE MAY BE SHUT OFF UNLESS THIS FORM IS COMPLETED AND SIGNED BY A QUALIFIED HEALTH CARE PROVIDER AND RETURNED TO PGW, AT THE ADDRESS OR FAX NUMBER ABOVE, BY \_\_\_\_/\_\_\_\_/\_\_\_\_. IF SERVICE IS NOW OFF, PGW MAY REFUSE TO TURN IT ON UNTIL A COMPLETED FORM IS RECEIVED.**

PGW USE ONLY: Initial \_\_\_\_ Renewal \_\_\_\_ Certificate Service is now ON \_\_\_\_ OFF \_\_\_\_ Mailing \_\_\_\_ Delivery \_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TO BE COMPLETED BY A LICENSED DOCTOR OR LICENSED HEALTH CARE PROFESSIONAL**

I certify, that in my professional opinion, the absence of gas service for \_\_\_\_ cooking \_\_\_\_ hot water \_\_\_\_ heat will aggravate an existing severe medical condition of the following person, who is a resident at the above address.

Name of Patient: \_\_\_\_\_

Age: \_\_\_\_\_

Anticipated Duration of Condition in Days: \_\_\_\_\_

Gender: \_\_\_\_\_

(Print or Type) Name & Title of Health Care Provider \_\_\_\_\_

Signature of Licensed Health Care Provider \_\_\_\_\_

State of License or Registration: \_\_\_\_\_

State License/Registration/Permit No. \_\_\_\_\_

NOTE: If you are not a physician, you must be licensed or registered by the Commonwealth of Pennsylvania.

Office Address: \_\_\_\_\_

Office Phone No. (\_\_\_\_) \_\_\_\_\_

Office Fax No. (\_\_\_\_) \_\_\_\_\_

- PHILADELPHIA GAS WORKS HAS THE RIGHT TO VERIFY THE INFORMATION ON THIS FORM.
- TO AVOID SHUT OFF OF GAS SERVICE, THE CUSTOMER MUST MAKE A PAYMENT AGREEMENT ON THE UNPAID, UNDISPUTED PAST DUE BALANCE WITHIN 30 DAYS OF ACCEPTANCE OF THIS CERTIFICATE.
- THIS CERTIFICATE CAN BE USED TO STOP SHUT OFF OF SERVICE OR TO HAVE SERVICE TURNED ON FOR A 30 DAY PERIOD. IF THE CUSTOMER CANNOT MAKE PAYMENT ARRANGEMENTS WITH PGW WITHIN THESE 30 DAYS, SERVICE CAN BE SHUT OFF UNLESS THIS CERTIFICATE IS RENEWED.
- A CERTIFICATE CAN ONLY BE RENEWED ONE TIME. THIS WILL KEEP SERVICE ON FOR ANOTHER 30 DAYS, BUT NO ADDITIONAL CERTIFICATES WILL BE ACCEPTED FOR A 12 MONTH PERIOD.
- CUSTOMERS WHO USE A CERTIFICATE TO HAVE SERVICE TURNED ON ONCE, AND WHOSE SERVICE IS TURNED OFF AGAIN FOR NON-PAYMENT, MAY NOT BE ABLE TO GET SERVICE TURNED ON A SECOND TIME WITHIN ONE YEAR BECAUSE OF A MEDICAL EMERGENCY.

TRADUCCION EN ESPAÑOL AL OTRO LADO

Appendix F



# PECO ENERGY

PECO Energy Company  
2301 Market Street, MA-1  
PO Box 8699  
Philadelphia, PA 19101-869

## REQUEST FOR MEDICAL CERTIFICATION (Solicitud De Un Certificado Medico)

<b>TO BE COMPLETED BY THE COMPANY</b>	
Account Number: Name and Service Address of Customer:	Mailing Date: Address: PECO Energy Company PO Box 41466 Philadelphia, Pa 19101 Phone No: 1-800-494-4000 Fax No: 1-610-713-8196

We received information that someone at your service address is seriously ill and that shutting off your PECO Energy service may cause their condition to get worse. We will not shut your service off if you do all of the following:

- Have the doctor treating the person who is seriously ill **complete and sign this form;** and
- Return the completed and signed form to us within 7 days of the above mailing date; and
- Make arrangements with us to address any items checked below:

Pay your past-due bill. You are still responsible to keep your bill paid and up to date.

Let us read your meter -- Call for an appointment.

Other: \_\_\_\_\_

To talk to us, please call us at 1-800-494-4000 or visit our office at 2301 Market St., Philadelphia, PA 19101.

If we do not receive the completed, signed form within 7 days of the above mailing date, your PECO Energy service may be shut off after we send you the required notices. PECO Energy retains the right to verify any information supplied. Forms that are incomplete or contain information that cannot be verified may be rejected.

### ATENCION

Este es un mensaje muy importante. Si usted no lo entiende, favor de llamar al numero telefono que en este documento.

#### To Be Completed By Doctor:

Name of person who is seriously ill:	_____
Relationship to the customer:	_____
Address (if other than above):	_____
Nature of illness:	_____
Specify the reason your patient needs electric/gas service to maintain their health:	_____
How long do you expect the illness to last?	_____

I certify that, in my professional opinion, the person above is seriously ill or has a medical condition that will become worse without electric/gas service.

\_\_\_\_\_  
Doctor's Signature      License Number  
(You may be subpoenaed to testify to the accuracy of this information.)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Office Phone Number

This certificate is good for the expected length of the illness, up to a maximum of 30 days, unless you renew it.

