BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI



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Name: MS. Gwenda Allen Complainant) Missouri Public Service Commission
Company Name: LACTEDE CONFERRESPONDENT) Case No.)))
COMPLAINT	
Complainant resides at USAO LOVACI	lon Aur. AptB
Complainant resides at 4540 LOXINS	s of complainant)
St. Louis, Mo 63115	
1. Respondent, LAC ede CAS Compan	MPan - V
\mathcal{L}^{1} \mathcal{L}^{1} \mathcal{L}^{2} \mathcal{L}^{3} \mathcal{L}^{3}	is a public utility under the
jurisdiction of the Public Service Commission of the Sta	ite of Missouri.
As the basis of this complaint, Complainant s	tates the following facts:
2. As the basis of this complaint, complainant s	nates the following facts.
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Permission to call the	at Things In
Corporated toundation,	tricl Urban League -
To the rest of my into	ormation on my
- bills for them pledge the m	ionail.
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^{3.} The Complainant has taken the following steps to present this complaint to the Respondent:

MO 63113



STATE OF MISSOURI DEPARTMENT OF SOCIAL SURVICES FAMILY SUPPORT DIVISION

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ALLEN GWENDA 4540 LEXINGTON AVE SAINT LOUIS MO 63115

ID #: 115-496-72-0509

	Fuel Type
\$257.00	NATURAL GAS
	Supplier Address 720 OLIVE ST

Eligibility Message: Eligible

You have been approved for assistance to help pay a portion of your home heating costs under Missouri's Low Income Home Energy Assistance Program. The amount of money you have been approved for is shown above by "Benefit Amount". You are expected to continue paying any "Amount Due" on the bill you receive from your utility company.

You have the right to request a fair hearing if you do not agree with this decision and you request the hearing within thirty (30) days after the date of this letter.

If you request a fair hearing, you may present information yourself or you may be represented by your own attorney.

Requests for hearings must be made at the Community Action Agency where you applied for assistance.



STATE OF MISSOURI DEPARTMENT OF SOCIAL SERVICES FAMILY SUPPORT DIVISION

ALLEN GWENDA 4540 LEXINGTON AVE SAINT LOUIS MO 63115

1D #: 115-496-72-0509

ENERGY ASSISTANCE E	LIGIBILITY NOTICE	Date 12/16/2005
Application Date	Benefit Amount	
10/14/05	\$0.00	

Eligibility Message: Ineligible

Your application for benefits under Missouri's Low Income Home Energy Assistance Program has been denied. The reason for this decision is:

Your fuel supplier indicated that you have an inactive heating account.

If you have questions about this decision, contact the Community Action Agency office where you applied for assistance. If your application was denied, you may re-apply for assistance prior to March 31, 2005.

You have the right to request a fair hearing if you do not agree with this decision and you request the hearing within thirty (30) days after the date of this letter.

If you request a fair hearing, you may present information yourself or you may be represented by your own attorney.

Requests for hearings must be made at the Community Action Agency where you applied for assistance.

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May 5, 2006

Board of Directors

Ms. Gwenda Allen 4540 Lexington

Theresa Stearns, President St. Louis, Mo 63115

Ruben McKenny, Treasurer RE: Acct. 470889-015-8

Galvin Rice, Secretary

Dear Ms. Allen.

Lvnn Beckwith, Sr.

Dear 1913. Zinen,

Lvnn Beckwith, Jr

After careful review of your application and the supporting information you provided, Great Things Incorporated Foundation has made a pledge on your behalf in the amount of \$329.21 to Laclede Gas Company.

Arthur Carrington

Please allow four weeks for final processing.

David Johnson Brian Murphy

Carolyn Palmer

The Foundation provides this assistance on a **one-time basis only**. We pray that this assistance will help improve your situation and that God will

Gwendolyn J. Wesley, Executive Director continue to bless and keep you.

Sincerely.

Gwendolyn J. Wesley,

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Executive Director

LACLEDE GAS COMPANY 720 OLIVE STREET ST. LOUIS, MISSOURI 63101 314-621-6960

January 13, 2003

Gwenda L. Allen 4540 Lexington - 1FL St. Louis, MO 63115

Account Number 470889-013

Dear Gwenda L. Allen:

Laclede has been notified by the state Division of Family Services that you are eligible to receive an Energy Assistance Grant if we promptly restore gas service.

We find that the grant amount is not sufficient to restore service, based upon your unpaid utility charge balance, which our records show amount to \$1,574.70.

Laclede requires that <u>additional grants and customer payments</u> total <u>S245.00</u> before we will restore service. If you are able to pay this amount, you may do so at our office, 720 Olive Street, in Downtown St. Louis.

Additional grants may be available if you are unable to pay. If you live in the City of St. Louis or Wellston, call the Human Development Corporation at 314-535-7607. If you live in St. Louis County (except Wellston) call STEP, Inc. at 314-863-0015.

Please note that the Division of Family Services will deny your grant if you_do_not obtain gas service restoration in your name within 30 days from the date you were determined to be eligible for the grant.

If you have any questions about this notice or our account call Laclede at 314-621-6960.

LACLEDE GAS COMPANY



STATE OF MISSOURI DEPARTMENT OF SOCIAL SERVICES FAMILY SUPPORT DIVISION

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ALLEN GWENDA 4540 LEXINGTON AVE SAINT LOUIS MO 63115

ID #: 115-496-72-0509

ENERGY ASSISTANCE ELIGIBILITY NOTICE Application Date 12/03/04 Benefit Amount \$257.00		Date 12/03/2004	
		•	Fuel Type NATURAL GAS
Supplier Name LACLEDE GAS COMPANY		Supplier Address 720 OLIVE ST	
Supplier City, State, Zip ST 10HTS	MD 6310	1	

Eligibility Message: Eligible

You have been approved for assistance to help pay a portion of your home heating costs under Missouri's Low Income Home Energy Assistance Program. The amount of money you have been approved for is shown above by "Benefit Amount". You are expected to continue paying any "Amount Due" on the bill you receive from your utility company.

You have the right to request a fair hearing if you do not agree with this decision and you request the hearing within thirty (30) days after the date of this letter.

If you request a fair hearing, you may present information yourself or you may be represented by your own attorney.

Requests for hearings must be made at the Community Action Agency where you applied for assistance.

FAMILY SERVICES OFFICE 1430 OLIVE ST. ST LOUIS MO 63103

GWENDA

ST LOUIS

ALLEN

MO 63115

4540 LEXINGTON AVE 1FL

ENERGY ASSISTANCE NOTIFICATION CARD 01-27-2003

APPLICATION DATE: 11-08-02 FUEL TYPE: NATURAL GAS

BENEFIT AMOUNT: \$206.00

SUPPLIER NAME: LACLEDE GAS COMPANY ADDRESS: 720 OLIVE ST

MO 63101

ST LOUIS ID #: 115-496-72-0509

ELIGIBILITY MESSAGE:

ELIGIBLE: YOU HAVE BEEN APPROVED FOR ASSISTANCE TO HELP PAY A PORTION OF YOUR HOME HEATING COSTS UNDER MISSOURI'S LOW INCOME HOME ENERGY ASSISTANCE PROGRAM. THE AMOUNT OF MONEY YOU HAVE BEEN APPROVED FOR IS SHOWN ABOVE BY 'BENEFIT AMOUNT'. YOU ARE EXPECTED TO CONTINUE PAYING ANY 'AMOUNT DUE' ON THE BILL YOU RECEIVE FROM YOUR UTILITY COMPANY.

> YOU HAVE THE RIGHT TO REQUEST A FAIR HEARING IF YOU DO NOT AGREE WITH THIS DECISION AND YOU REQUEST THE HEARING WITHIN THIRTY (30) DAYS AFTER THE DATE OF THIS LETTER.

IF YOU REQUEST A FAIR HEARING, YOU MAY PRESENT INFORMATION YOURSELF OR YOU MAY BE REPRESENTED BY YOUR OWN ATTORNEY.

REQUESTS FOR HEARINGS MUST BE MADE AT THE FAMILY SERVICES OFFICE WHERE YOU APPLIED FOR ASSISTANCE.

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