

Work Order Type: 19 / 57  
REFRIGERATOR SWAP PROGRAM

PECO An Exelon Company

Date: 9/29/14

Landlord: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Customer Name: Julia Sidibe  
Account #: 83036 77041  
CAP Customer: Y or N

Refrigerator ownership: ☐ Homeowner (Proof of Ownership?) ☐ Tenant Owned ☒ Landlord Owned

QUALIFYING REFRIGERATOR FORMULA FOR ACTUAL USAGE:

(Minimum of 100 kWh for a single unit or multiple units)

Test Results: \_\_\_\_\_ kWh

Tested by: \_\_\_\_\_ (auditor initials)

Line	Work Items	Quantity	Unit of Measure	Location of Unit(s) to be Removed
05	15 Cubic Foot Refrigerator (Top Freezer)	1	EA	
01	18 Cubic Foot Refrigerator (Top Freezer)		EA	
03	21 Cubic Foot Refrigerator (Top Freezer)		EA	
02	Removal/Disposal of Existing Unit	1	EA	Kit

Manufacturer	Serial Number	Make/Model	Size	Type	Age
Hotpoint	SV745136	CTX14 AYBNL	15	1	15
Type Codes: 1 – Top Freezer; 2 – Bottom Freezer; 3 – Side-by-Side; 4 – Single Door; 5 – Side-by-Side Bottom Freezer					

04 Removal/Disposal of Additional Unit \_\_\_\_\_ EA \_\_\_\_\_

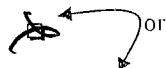
Manufacturer	Serial Number	Make/Model	Size	Type	Age
Type Codes: 1 – Top Freezer; 2 – Bottom Freezer; 3 – Side-by-Side; 4 – Single Door; 5 – Side-by-Side Bottom Freezer					

MINIMUM DOOR/PASSAGEWAY OPENING LEADING TO REFRIGERATOR LOCATION:

30 Inches Location: Front Door Side/Rear Door Interior ☒ Passageway

PLEASE REFER TO THE REFRIGERATOR SPECIFICATION SHEET FOR REQUIRED OPENING MEASUREMENTS.

No confined space in kitchen ☒



Existing unit in confined space of kitchen ☐  
> Width measurement of space available \_\_\_\_\_  
> Height measurement of space available \_\_\_\_\_  
> Depth measurement of space available \_\_\_\_\_

☐ New unit with ice maker ☒ New unit without ice maker

Notes

PLEASE REFER TO THE REFRIGERATOR SPECIFICATION SHEET FOR UNIT MEASUREMENTS.

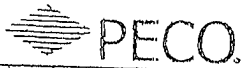
Swing required for new unit ☒ Left ☐ Right

Ice Maker Present ☐ Yes ☒ No

Shut Off Valve Present ☐ Yes ☐ No

Water Line Connected ☐ Yes ☐ No

# 14A



## UNIVERSAL SERVICES

Low Income Usage Reduction Program  
Income Verification CertificateName: Julia SidibeAccount No.: 63036 77041

Please check the boxes below to indicate the type of total household income verification confirmed:

- |  |  |                                |
|--|--|--------------------------------|
| <input checked="" type="checkbox"/> SSI Award Letter | <input type="checkbox"/> Alimony/Spousal Support Letter        |                                |
| <input type="checkbox"/> Pay Stubs (last 4 stubs)    | <input type="checkbox"/> DPW                                   | <input type="checkbox"/> Other |
| <input type="checkbox"/> Social Security Retirement  | <input type="checkbox"/> Workman's Compensation (Award Letter) |                                |
| <input type="checkbox"/> Unemployment Letter         | <input type="checkbox"/> Social Security Survivors Benefit     |                                |
| <input type="checkbox"/> Child Support/Court Order   | <input type="checkbox"/> Previous Year's W-2 or 1040 SE Form   |                                |
| <input type="checkbox"/> Social Security Disability  | <input type="checkbox"/> Veteran Benefits Award Letter         |                                |

I certify that the information provided is a complete representation of the occupants and income for my household. Furthermore I have provided the technician access to the document(s) indicated to confirm my household's income level to receive services through PECO's Low Income Usage Reduction Program (LIURP).

Julia Sidibe  
Customer Signature9/29/19  
DateNick Skari  
Technician Signature9/29/19  
DateJulia Sidibe  
Print NameNICK SKARI  
Print Name

Occupant ages, income source, and monthly gross dollars verbally reported by the customer are reflected on the LIURP Intake Demographic Form attached for reference and verification or in its absence at the bottom of this form.

↓ **TENANT REFRIGERATOR SWAP ONLY:** ↓

Household Members	150% of Poverty Monthly	150% of Poverty Yearly	Household Members
1	\$1,458.75	\$17,505.00	1
2	\$1,966.25	\$23,595.00	2
3	\$2,473.75	\$29,685.00	3
4	\$2,981.25	\$35,775.00	4
5	\$3,488.75	\$41,865.00	5
6	\$3,996.25	\$47,955.00	6
7	\$4,503.75	\$54,045.00	7
8	\$5,011.25	\$60,135.00	8

Household Members	200% of Poverty Monthly	200% of Poverty Yearly	Household Members
1	\$1,945.00	\$23,340.00	1
2	\$2,621.67	\$31,460.00	2
3	\$3,298.33	\$39,580.00	3
4	\$3,975.00	\$47,700.00	4
5	\$4,651.67	\$55,820.00	5
6	\$5,328.33	\$63,940.00	6
7	\$6,005.00	\$72,060.00	7
8	\$6,681.67	\$80,180.00	8

## Technician Use Only

Complete this section only in the event that the original LIURP Intake Demographic Form is not available at the time of the energy survey.

Age	Income code	Monthly Gross Income	Age	Income Code	Monthly Gross Income
		\$			\$
		\$			\$
		\$			\$
		\$			\$
Total Household Monthly Income Before Taxes:					\$