



REGISTRATION AS ELDERLY AND/OR DISABLED UTILITY CUSTOMER OR ELDERLY AND/OR DISABLED LOW-INCOME CUSTOMER

Account Number _____

Date _____

Missouri Public Commission Rule 4CSR 240-13.055 describes the conditions under which services may be terminated by the utility companies from November 1 to March 31. This rule requires that extra notices be given before a utility may disconnect service to a household that includes a registered elderly or disabled person. An elderly person is a person who is 65 years of age or above. A disabled person is defined as a person who must have natural gas service provided to their home in order to maintain their life or health. A medical physician must attest in writing to the disabled person's need for gas service to maintain life or health, or the disabled person must present a formal letter issued from the federal government awarding disability benefits. Annual registration for this program should take place by October 1st of each year following the initial registration.

The above rule also provides that any person registering with the utility as Elderly or Disabled may also register as Low-Income. Low-Income is defined as a household where household income is at or below 150% of the federal poverty guidelines. See the attached schedule to see if your household meets these guidelines. Registered Elderly Low-Income and/or Disabled Low-Income Customers must pay a minimum of 50% of their monthly gas bills to avoid discontinuance from November 1st through March 31st of each year. We may periodically audit the incomes of Low-Income customers. If we find that your income level has been misrepresented, your gas service may be discontinued based on the same provisions as those who are not registered as Low-Income.

If you wish to become a Registered Customer with Laclede Gas Company, please complete this form, and send it to Laclede Gas Company, Room 1215, Registered Customer Desk, 720 Olive St., St. Louis, MO 63101. You will not be considered to be a Registered Customer until we receive this completed and signed form. If you have any questions, please call Laclede Gas Company at (314) 621-6960.

I am registering because I am: (please check all that apply) ___ 65 years old or older ___ Disabled ___ Low-Income

If you are registering as Elderly or Disabled, please complete Part A and Part B below. If you are registering as Disabled, you must also submit either the completed medical form (attached) or your federal disability award letter. Elderly or Disabled customers who wish to register as a Low-income Household must complete part C.

Part A – Elderly or Disabled Person Living in the Household

Name: _____ Phone: _____
Last First M.I.

Street Address _____
Number Street

City _____ State _____ Zip _____

Social Security Number: _____ Date of Birth: _____

Part B – Contact Person

Name of the person that we should contact if your service is to be discontinued.

Contact: _____ Phone: _____

Street Address _____
Number Street

City _____ State _____ Zip _____

Part C – Low Income Eligibility Information

Annual Household Income _____ Family Size _____

I have read and understand the information on this form and attest to the accuracy of the information provided.

Signature

Date

MEDICAL PHYSICIAN'S ATTESTATION

TO: LACLEDE GAS COMPANY

As a medical physician, I have examined _____ (“Applicant”), whose address is _____

and it is my medical opinion that Applicant is disabled. For this purpose, “disabled” means that Applicant has an illness, disease or special condition, such that Applicant’s household must have natural gas service provided in the home in order to maintain life or health.

I have read and understand this Attestation, and it is true and correct to the best of my knowledge and belief.

Printed Name: _____

Signature: _____

Address: _____

Telephone No.: _____

Poverty Level Schedule
Based on 2004 US Poverty Levels
(Annual Income)

<i>Household Size</i>	<i>150% of Poverty Level</i>
1	\$13,965
2	\$18,735
3	\$23,505
4	\$28,275
5	\$33,045
6	\$37,815
7	\$42,585
8	\$47,355
For each additional person, add	\$3,180