

12.1

AFFIDAVIT OF SERVICE

I N/A, duly understand and acknowledge that I cannot pay the amount that the disconnected notice for my utility bill is stating for me to pay. I attest that I have exhausted all my avenues of revenue to come up with the amount that Com Ed or Nicor is demanding to keep my service from being disconnected.

I agree to enter into the Watch Care Program while my services are still on; with the percentage that Grace Bible Center is requesting.

I acknowledge and understand that I will get the same benefits of service from Watch Care as if my services were disconnected.

My balance will be zeroed out on the seventh month provided I make six consecutive on time payments.

Watch Care Member

Date

STATE OF ILLINOIS
County of Cook

On _____, before me, _____, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument the, or entity upon behalf of which the person acted executed this instrument.

WITNESS my hand and official seal

Notary's Signature
Expiration Date:

13

AFFIDAVIT #2

I Idelle Johnson, duly understand and agree that an operational cost is to be donated before service is restored. Operational cost is not a security deposit or any type of deposit. (It does not earn interest) Operational cost is a compliance tool used to get your utility restored. The operational cost that is donated is tax deductible.

Idelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS
County of Cook

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WITNESS my hand and official seal

Notary's Signature
Expiration Date:

13.1

AFFIDAVIT #2.1

I Idelle Johnson, do hereby acknowledge and agree that the donation that I give does 2 things, #1. Enter me in the Grace Bible Center Utility Grant Program. #2. It is targeted and pledged to my old account but held in escrow for six months. When you make the six payments the money that you donated will be posted to the old bill and account # 8119492016, Grace Bible Center / Watch Care Grant will pay off the remaining balance \$116.82. (This is not a deposit.) If you fail to make on time payments, (see affidavit on pages 19A, 19B, 19C.).

Idelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS
County of Cook

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WITNESS my hand and official seal

Notary's Signature
Expiration Date:

14

AFFIDAVIT #3

I Idelle Johnson, duly understand and agree that I will pay for all usage of service upon receipt of the utility bill. The bill is due 7 days before the due date shown on the bill.

If I fail to do so, I will be subject to disconnection immediately.

Idelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS
County of Cook

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WITNESS my hand and official seal

Notary's Signature
Expiration Date:

15

AFFIDAVIT #4

I Idelle Johnson, duly understand and agree that the old bill is **set aside** until a settlement is reached (depending on which program your in), the balance is zeroed out or until finds are depleted.

Idelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS
County of Cook

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WITNESS my hand and official seal

Notary's Signature
Expiration Date:

15Aa

AFFIDAVIT #4- (3)STRIKES YOU OUT

I Idelle Johnson, duly understand and acknowledge if the settlement failed, Grace Bible Center/Watch Care Utility Program gives me a **second chance** to make ten (10) consecutive payments and will zero out the balance of the old bill on the eleventh (11th) payment. If I failed for a second time Grace Bible Center / Watch Care Utility Program will give me a **third chance** to make twelve (12) consecutive payments and will zero out the balance of the old bill on the thirteenth month

Idelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS
County of Cook

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WITNESS my hand and official seal

Notary's Signature
Expiration Date:

15/16

AFFIDAVIT - 3RD CHANCE

I Idelle Johnson, duly understand and acknowledge that my first payment qualifies me for the 2nd Chance Program. My second payment qualifies me for the Fail Safe Program.

Under the "2nd Chance program", You must make ten (10) payments in a row. On the eleventh payment, the balance will be zeroed out.

Under the "Fail Safe Program", this is your final chance. You must make twelve (12) payments in a row. On the 13th payment, the balance will be zeroed out. You must have 12 consecutive payments reflected by money orders delivered to our office.

Idelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS
County of Cook

On _____, before me, _____, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument the, or entity upon behalf of which the person acted executed this instrument.

WITNESS my hand and official seal

Notary's Signature
Expiration Date:

LSAC

AFFIDAVIT

I Idelle Johnson, duly understand and acknowledge that **nothing is done** on the old bill until six (6), ten (10), twelve (12) consecutive payments have been made, then the balance is **zeroed** out on the 7th, 11th, 13th payment. Program 1. 6 payments 7th **zeroed** out. Program 2. 10 payments 11th zeroed out. Program 3. 12 payments 13th **zeroed** (depending on which program your in), the balance is **zeroed** out or until funds are depleted.

Idelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS
County of Cook

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WITNESS my hand and official seal

Notary's Signature
Expiration Date:

15.1

AFFIDAVIT #4.1

I Idelle Johnson, do hereby acknowledge and agree that if I make the payment at a currency exchange, at the utility company, or any place that accepts utilities payments I will lose my position in which funds that was or is dedicated to pay off the old bill. **(Will be loss or subject to availability of funds)**. I will have to start over on the next payment to began my (6) consecutive on time payments.

Idelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS
County of Cook

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WITNESS my hand and official seal

Notary's Signature
Expiration Date:

15.1A

AFFIDAVIT #4.1A

I Idelle Johnson, do hereby acknowledge and agree that I must have normal usage shown on my bill to qualify for my balance to be zeroed out on the 7 month. If no normal usage has been reported you will lose your position in which funds that was or is dedicated to pay off the old bill. **(Will be loss or subject to availability of funds).** You will have to start over on the next payment to began your (6) consecutive on time payments with normal usage or **(YOU WILL BE CREDITED BACK UP TO THE DONATION AMOUNT YOU GIVEN)** after termination of the Watch Care agreement. Your utility will be shut off. (14-21 business days to return your donation.)

Idelle Johnson
Watch Care Member

11/11
Date

STATE OF ILLINOIS
County of Cook

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WITNESS my hand and official seal

Notary's Signature
Expiration Date:

15.A1

AFFIDAVIT

I Idelle Johnson, duly agree and understand that my failure to make any monthly payments will cause my termination from the program and the old bill balance will be in effect.

Idelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS
County of Cook

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WITNESS my hand and official seal

Notary's Signature
Expiration Date:

ISAH

AFFIDAVIT

I Idelle Johnson, duly understand and acknowledge that if my total current bill is more than my donation, I must pay the total current charges in 48 hours after receipt of the bill. Failure to pay will result in termination of our agreement and disconnection of my utility service(s) immediately.

Idelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS
County of Cook

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WITNESS my hand and official seal

Notary's Signature
Expiration Date:

1540A

AFFIDAVIT

I Idelle Johnson, hereby duly acknowledge that I do not have any pending applications for service through Com-Ed or Nicor gas companies.

Idelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS
County of Cook

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WITNESS my hand and official seal

Notary's Signature
Expiration Date:

AFFIDAVIT OF EMPLOYMENT

I Idelle Johnson, do hereby acknowledge and attest that I am not an employee of any of the following companies and/or its subsidiaries:

COM-ED
NICOR GAS
PEOPLE'S GAS
PEOPLE'S ENERGY

Idelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS
County of Cook

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WITNESS my hand and official seal

Notary's Signature
Expiration Date:

1544

AFFIDAVIT-MOVING WHILE IN THE PROGRAM

I Idelle Johnson, duly understand and agree that if you move while in the program and you no longer need nicor/com-ed services at your new locations you must notify us immediately..(However this is still considered a default). The money that you donated is not a **deposit**. You must pay your last bill. The money you gave (25% of that) will be return to you in 14-21 business days **WHEN YOU PAY YOUR LAST BILL**. If you fail to pay (25% of that) will remain on your old bill. Either way Grace Bible Center will receive 75% to cover all operational costs.

Idelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS
County of Cook

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WITNESS my hand and official seal

Notary's Signature
Expiration Date:

1545

AFFIDAVIT

I Idelle Johnson, duly understand and agree that I do not have a deposit on record with the utility company. If I find out there is a deposit on my account that I forgot about; the percentage that I gave does not change.

Idelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS
County of Cook

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WITNESS my hand and official seal

Notary's Signature
Expiration Date:

15A6

AFFIDAVIT DECISION

I Idelle Johnson, duly understand and agree that if my balance changes because Liheap, Ceda, township, etc. paid on your account and the payment shows up after RESTORATION has taken place, You will be hit with these options. 1. The payment will have to post within (10) days of service(s) being restored. (We will need proof of payment). 2. The overage will be credited to your bill over a period of (6) months. If you fail to make on time payments for any reason as agreed you will be disconnected immediately. 3 If payment from Li heap, ceda etc. post after 10 days of restoration of service you will not receive any credit.

You need to make a decision to enter into Grace Bible Center/ Watch Care program or wait for ceda , Liheap etc. to pay your bill. Then come back.

I Idelle Johnson choose to enter into Grace Bible Center Program without hesitation and be subject to all rules and regulations.

I _____ choose not to enter into Grace Bible Center at this time. I reserve the right to come back and re-apply when Li-heap, ceda etc. payment posts..

Idelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS
County of Cook

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WITNESS my hand and official seal
Notary's Signature
Expiration Date:

15 A 7

AFFIDAVIT

I Idelle Johnson, duly understand and agree that I am not in low income housing, subsidized housing or section 8 housing.

If I am, certain restrictions will apply.

Idelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS
County of Cook

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WITNESS my hand and official seal

Notary's Signature
Expiration Date:

ISA?

AFFIDAVIT

I Idelle Johnson, duly understand and agree that I must keep open communication thru out the program. It is your responsibility to keep updated numbers on file with Grace Bible Center if your cell or land line changes or become disconnected. Failure to keep information updated will result in disconnection immediately under the Watch Care program.

Idelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS
County of Cook

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Notary's Signature
Expiration Date:

17

AFFIDAVIT #7

TESTIMONIAL & SERVICE ACKNOWLEDGEMENT

Once your utility service is restored; you or yours must return to Grace Bible Center on the following Sunday or Wednesday night to give your testimony to encourage others that are applying for utility assistance through Grace Bible Center's Watch Care program. (If you are unable to attend, you may designate an individual to attend on your behalf with your written notarized permission.)

Also at this time of visit, you will complete or be given any necessary documents to continue the process of obtaining full ownership of your utility service.

I do hereby agree to adhere to the above statements.

Adelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS
County of Cook

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WITNESS my hand and official seal

Notary's Signature
Expiration Date:

18

AFFIDAVIT #7

Three (3) Day Right to Cancel

In our program, we give you the right to cancel this transaction to restore your utility service(s) through Grace Bible Center within three business days. You may cancel by certified mail, or delivering a written notice to Grace Bible Center by midnight of the third business day after you have received a signed, dated copy of the agreement and a signed, dated copy of this notice. If you cancel, you will be returned anything you have donated minus 50% within 10-14 business days after Grace Bible Center has received your request to cancel.

Waiver of Cancellation Rights

I Idelle Johnson, duly understand and hereby acknowledge that on _____, 2011, I was provided this document entitled "3 Day Right to Cancel". I further hereby understand that once the restoration has taken place, I will forfeit the 3 day cancellation right and my percentage that I gave for my utility service.

I, Idelle Johnson, hereby understand and agree to waive my 3 day right to cancel and wish to proceed without hesitation in the restoration of my utility service(s) through Grace Bible Center effective immediately. I understand that the process will begin now in getting my service restored.

Idelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS
County of Cook

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WITNESS my hand and official seal

Notary's Signature
Expiration Date:

19

PERMISSION FORM

I Idelle Johnson, hereby give Grace Bible Center and/or its affiliates permission to operate on my behalf by facilitating any necessary documentation to initiate service including setting up of an e-mail account if necessary.

I Idelle Johnson, also hereby acknowledge and understand that I have been informed of my three (3) day right to cancel my transaction(s) to initiate service through Grace Bible Center on my behalf. In the event of cancellation; all monies donated will be returned minus 50%. Monies forwarded to the Secretary of State for you will not be returned. (People Gas members only) Donated monies will be returned approximately 10-14 business days after proper request for cancellation is made. (Services must not be connected when the proper request for cancellation is made.)

Idelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS
County of Cook

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WITNESS my hand and official seal

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Expiration Date:

19A

AFFIDAVIT -TIME FRAME

I Idelle Johnson, duly understand and agree that if Grace Bible Center/Watch Care has not live up to my expectations (getting restore on the day or time frame indicated in **3 business days**) with the exception of storms , broken power lines, blown transformers etc. or any type of natural disaster is not a breach of agreement between the two parties. Anything outside of that, I am entitled to a return of ALL donation that I have offered.

If your account is in the revenue dept. Time frame will be 15 days.

I Idelle Johnson, duly understand and agree once utility service is on and I still want to cancel, **(domestic violence)** two things must occur. 1. Meter must be read and service must be paid from the operational cost (donation). 2nd 75% will be deducted from the donation to cover Grace Bible Center's operational cost. 25% will be mailed out to you within 10-14 business days (If you pay final bill). If you choose not to enter into Fail Safe Program and/or (Fail to pay final bill then 25% will remain on old bill)

Idelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS

County of Cook

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WITNESS my hand and official seal

Notary's Signature

Expiration Date:

19B

AFFIDAVIT

I Idelle Johnson, duly understand and agree that if you fail to make your first on time payment (for any reason) as agreed you will be disconnected immediately. If disconnection should take place, the monies donated will be used for these things: 1. Meter will be read and charges could be paid from the original money donated. 25% will pay the charges. if (available). 2nd 50% of balance from the money donated will go to Grace Bible Center to cover all operational costs. 3rd 25% of balance will go to set you up in our Fail Safe Program (if you choose) or 4th If you don't qualify or choose not to participate in the Fail Safe Program, you will be return 25% of donation funds (If you pay final bill), within 10-14 business days or 25% will remain on the old bill(If you fail to pay final bill).

Idelle Johnson
Watch Care Member

11/11/11
Date

STATE OF ILLINOIS

County of Cook

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WITNESS my hand and official seal

Notary's Signature

Expiration Date:

WESTERN UNION MONEY ORDER

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.
 100 E 115TH STREET - CHICAGO, ILLINOIS 60628
 PHONE 1773 264 0801

REPUBLIC BANK
 OAK BROOK, ILLINOIS

No. 28835

11/11/2011

Idelle Johnson
 Pay to the order of *Grace Bible Center* \$720⁰³***
 Seven Hundred Twenty And 3/100 U.S. Dollars

Printed in Blank - No Refund if Lost Or Stolen Not Valid Over \$730 * Fee \$0.75 #28835 KK

STATE REGULATED

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE SUBSTRATE ON THE BACK. HOLD AT AN ANGLE TO SEE THE MARK WITH A CRYSTAL INVESTMENT.

⑈028835⑈ ⑆071001180⑆ 9580000109⑈