

Date: _____

Case Number: _____

Case Type: _____

HEAP PROGRAM NOTICE OF DENIAL

Your application for The Home Energy Assistance Program (HEAP) benefit is denied by NYC Human Resources Administration because:

This decision is based on New York Social Services Law § 97, 18 N.Y.C.R.R. Part 393, and the current New York State HEAP State Plan. The State Plan is available online at the New York State Office of Temporary and Disability Assistance website <http://otda.ny.gov/programs/heap/stateplan.asp>.

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INCOME ELIGIBILITY GUIDELINES

| Household Size | Tier I | Tier II |
|-----------------------|---------------|-------------------|
| 1 | \$0 – \$1,579 | \$1,580 – \$3,035 |
| 2 | \$0 – \$2,136 | \$2,137 – \$3,970 |
| 3 | \$0 – \$2,693 | \$2,694 – \$4,904 |
| 4 | \$0 – \$3,250 | \$3,251 – \$5,838 |
| 5 | \$0 – \$3,806 | \$3,807 – \$6,772 |
| 6 | \$0 – \$4,363 | \$4,364 – \$7,706 |
| 7 | \$0 – \$4,920 | \$4,921 – \$7,881 |
| 8 | \$0 – \$5,477 | \$5,478 – \$8,056 |
| 9 | \$0 – \$6,034 | \$6,035 – \$8,231 |
| 10 | \$0 – \$6,591 | \$6,592 – \$8,407 |
| 11 | \$0 – \$7,147 | \$7,148 – \$8,582 |
| 12 | \$0 - \$7,704 | \$7,705 - \$8,890 |
| 13 | \$0 - \$8,261 | \$8,262 - \$9,532 |
| 14+ | +\$556 ** | +\$642 ** |

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
 BE SURE TO READ THE CONFERENCE AND FAIR HEARING INFORMATION
 SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

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CONFERENCE AND FAIR HEARING INFORMATION

AGENCY CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (a conference is an informal meeting or phone call with us). To do this, call **718-557-1399** or write to us at the address on page 1 of this notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you participate in a conference, you are still entitled to a Fair Hearing.

STATE FAIR HEARING

How to Ask for a Fair Hearing: If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, writing, fax, in person or online.

- (1) TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)
- (2) ONLINE:** Complete an online request form at:
<http://www.otda.ny.gov/oah/forms.asp>
- (3) WRITE:** Send a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
**Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201**
(Please keep a copy for yourself.)
- (4) FAX:** Fax a copy of this entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735**.
- (5) IN PERSON:** Bring a copy of this entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at **5 Beaver Street, New York NY 10004**.

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What to Expect at a Fair Hearing: The state will send you a notice that tells you when and where the fair hearing will be held. At the hearing, you will have a chance to explain why you think our decision is wrong. To help explain your case, you can bring a lawyer and/or witness such as a relative or a friend to the hearing, and/or give the Hearing Officer any written documentation related to your case such as: a lease, bills, pay stubs, etc. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give that person a letter to show the Hearing Officer that you want that person to represent you. At the hearing, you, your lawyer or your representative can also ask questions of witnesses whom we bring, or you bring, to explain the case.

Legal Assistance: If you need free legal advice, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking the Yellow Pages under "Lawyers".

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which you think you may need to prepare for your Fair Hearing.

To ask for documents or to find out how to look at your file: call (718) 557-1399, fax (917) 639-2901 or write to **HRA/Home Energy Assistance Program, P.O. Box 1401, Church Street Station, New York, NY 10008**. If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

In any request for documents, please provide the Case Name, Case Number and Date listed on Page # 1 of this notice.

AVAILABILITY OF POLICY MATERIALS: The New York State Office of Temporary and Disability Assistance (OTDA) and HRA policy issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at otda.ny.gov/legal. These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. To request policy issuances and manuals, call (718) 722-5012, or fax (718) 722-5018, or email CRO@hra.nyc.gov, or write to **HRA Division of Fair Hearing, 5 Beaver Street, New York NY 10004**.

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FAIR HEARING REQUEST

Deadline: You have 60 days from the date of this notice to request a Fair Hearing.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, in person or online, please write to ask for a Fair Hearing before the deadline.

I want a Fair Hearing. The Agency decision is wrong because:

Print Name: _____ Case Number: _____
First Name M.I. Last Name Center: _____

Address: _____ Telephone: _____
Street Apartment

City State Zip Code

Signature: _____ Date: _____