

## Home Energy Assistance Program Notice of Eligibility Decision – Denial

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER			
CASE NAME (And C/O Name if Present) AND ADDRESS				
<div style="border: 1px solid black; width: 100%; height: 100%; margin: 5px;"></div>		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____		
<div style="border: 1px solid black; width: 100%; height: 100%; margin: 5px;"></div>		OR Agency Conference _____ Fair Hearing information and assistance _____  Record Access _____ Legal Assistance information _____		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

**Your application for the 20\_\_-20\_\_ Home Energy Assistance Program (HEAP) Benefits has been DENIED for:**

- Regular HEAP Benefits**
  - Emergency HEAP Benefits**
    - Non-Utility
    - Domestic Heat-Related Utility
    - Natural Gas/Electric Heat
    - Propane Tank Deposit
    - Repair Heating Equipment
    - Replace Heating Equipment
    - Shelter/Relocation
    - Other \_\_\_\_\_
  - Clean and Tune HEAP Benefits**
  - Cooling HEAP Benefits**
- The reason(s) for your **denial** is (are) checked below.
- Your household's gross monthly income exceeds the HEAP income eligibility limits for your household size. Your income has been calculated as \$ \_\_\_\_\_ and the limit for your household size of \_\_\_\_ is \$ \_\_\_\_\_.
  - You did not complete and/or sign the application or failed to complete the required eligibility interview.
  - You live in an ineligible living situation.
  - You are not a resident of the district in which you applied.
  - You do not meet citizen or qualified non-citizen requirements or refuse to verify your citizen status.
  - You failed to provide proof that at least one household member has a valid social security number.
  - The address that you provided on your application is not your primary residence or you were not residing in the primary dwelling at the time of application.
  - You refused to choose a participating vendor.
  - Your application was received after program closing.
  - Your household has received one or more notices informing you that all of the HEAP benefits for which you are eligible and which are available in the current program year have already been authorized.
  - Your household is not in an emergency situation as defined by HEAP policy.
  - Your household does not meet the customer of record requirements as defined by HEAP policy.
  - Failure to make a payment arrangement with your vendor for your household contribution of \$ \_\_\_\_\_ towards the cost of the repair or replacement.
  - Your available liquid resources of \$ \_\_\_\_\_ exceeds the limit of \$10,000 for Heating Equipment Repair & Replacement.
  - Your available liquid resources of \$ \_\_\_\_\_ exceeds the limit of  \$2500  \$3750 (for households containing an individual 60 years or older, or under age 6) for the Emergency benefit.
  - You do not meet the homeownership requirement for the component checked above.
  - The heating equipment that you are requesting assistance for was determined not to be your primary heating source.
  - You do not meet the residency requirements for the component checked above.
  - Your heating equipment is less than 12 months old.
  - You have a service contract which includes clean and tune services.
  - Your primary heating system had a clean and tune service in the past 12 months.
  - Your chimney was cleaned within the last 12 months.
  - Your household does not contain an individual that has a medical condition that is worsened by heat.
  - You received a HEAP funded air conditioner within the last 5 years.
  - You failed to provide the following information. \_\_\_\_\_
  - Other: \_\_\_\_\_

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 at: <http://otda.ny.gov/programs/heap/>.

**INFORMATION SECTION**

Food assistance may be available. Check your eligibility and apply for SNAP at <https://www.mybenefits.ny.gov/>

**CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?**

If you think our decision was wrong, you can ask for a review of our decision. If we made a mistake, we will correct it. You can do both 1 and 2:

- 1. Ask for a meeting (conference) with one of our supervisors;
- 2. Ask for a State fair hearing with a State hearing officer.

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at [otda.ny.gov/legal](http://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. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

1. **CONFERENCE** (informal meeting with us) – If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice **or** write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.

2. **STATE FAIR HEARING** – You have 60 days from the date of this notice to ask for a fair hearing.

**HOW TO ASK FOR A FAIR HEARING:** You can request a fair hearing by **mail**, by **phone**, by **fax** or **online**.

**Mail:** Send a copy of this *completed* notice to:

**New York State Office of Temporary and Disability Assistance  
Office of Administrative Hearings  
P.O. Box 1930  
Albany, New York 12201**

Please keep a copy for yourself.

I want a fair hearing. I do not agree with the agency’s action. (You may explain why you disagree below, but you do not have to include a written explanation.)

**Signature of Client** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone:** (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

**To request a Fair Hearing, by telephone, you can call toll-free: 1-800-342-3334**

**Fax:** Fax a copy of the front and reverse of this notice to: **(518) 473-6735** or

**Online:** Complete an online request form at: <http://otda.ny.gov/oah/>

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

**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. You can bring a lawyer, a relative, a friend or someone else to help you do this. 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 this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor’s statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

**LEGAL ASSISTANCE:** If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under “Lawyers”.

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:** To help get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file that 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 us at the Record Access phone number on the **front** of this notice or write to us at the address on the **front** of this notice.

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.

**INFORMATION:** If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.