



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY BULLETIN #21-57-OPE (This Policy Bulletin Replaces PB #21-53-OPE)

HOME ENERGY ASSISTANCE PROGRAM (HEAP) REGULAR ARREARS SUPPLEMENT BENEFIT

Date: October 14, 2021	Subtopic(s): HEAP
	<p>Revisions to the Original Policy Bulletin:</p> <p>This policy bulletin is being revised to:</p> <ul style="list-style-type: none">• Inform staff that the Home Energy Assistance Program (HEAP) Regular Arrears Supplement (RAS) Worksheet is now available to be completed by staff online at https://forms.office.com/g/BSD7MjRUab. It was previously a fillable PDF file.• The RAS Worksheet is completed online and sent directly to HEAP Central.• Centralized Family Independence Administration (FIA) and HIV/AIDS Services Administration (HASA) administration staff will review the SharePoint website on a weekly basis for cases that were denied for a RAS benefit due to immigration status. The cases will be distributed to the centers for reconsideration and a determination of eligibility for a traditional utility grant.• The Notice of Determination Regarding Your Request for a Utility (Natural Gas, Utility Heat, Lights, Electricity) Arrears Payment (For Active Cases Only) (FIA-1104) form was updated to include a new snippet – “OTDA requires that you apply for NYS ERAP or for HEAP and the RAS Benefit before HRA can decide on your request. 18 NYCRR 352.23.” <p>Purpose:</p> <p>The purpose of this policy bulletin is to inform Job Center, Non-Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP), HIV/AIDS Services Administration (HASA), and Home Energy Assistance Program (HEAP) staff of the HEAP RAS benefit. This policy bulletin is informational for all other staff.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

Distribution: X

RAS benefits are a regular HEAP supplement available to assist HEAP eligible households who have electricity and/or gas account arrears (overdue balance), as documented by their utility company, and does not need to be repaid. All applicants for the HEAP RAS benefit must: (1) meet the requirements to receive a regular HEAP benefit, (2) have past-due utility arrears and (3) be in active collections, or facing termination of service on their current gas and/or electricity utility account(s) at the time of the RAS application.

The RAS benefit is available from September 22, 2021 through September 30, 2022 or until funding is exhausted, whichever occurs first. It does not matter when the utility arrears accrued, or why, and there is no resource test to qualify for the benefit. A RAS benefit can be issued to both an electricity and a gas account for one household, however, only one RAS benefit per current electricity and/or gas account is permitted, and the total RAS benefits cannot exceed \$10,000 dollars per household.

Application for the RAS Benefit

The RAS Worksheet can be completed online [here](#)

The application for RAS is the HEAP Application (**LDSS-3421**), which is to be used in conjunction with the Home Energy Assistance Program (HEAP) Regular Arears Supplement (RAS) Worksheet, which can be completed online at <https://forms.office.com/g/BSD7MjRUab>.

Revised

Note: This link is for agency use only, via the Human Resources Administration (HRA) network.

No Application Needed, only RAS Worksheet for Certain Households

Households who: (1) received a regular HEAP benefit in any amount through the application or Autopay processes; (2) currently have an open HEAP, Cash Assistance (CA), or SNAP case; and, (3) have not moved since receiving their regular HEAP benefit, do not need to complete a new HEAP application, but rather only need a RAS Worksheet to be completed by the FIA or HASA worker. These applicants may apply by telephone or in person.

Application and RAS Worksheet needed for Other Households

Applicants who: (1) did not receive a regular HEAP benefit; (2) have moved since receiving their HEAP benefit; or, (3) whose CA or SNAP case closed since receiving their HEAP benefit must apply using the **LDSS-3421**, and an FIA or HEAP worker must complete a RAS Worksheet online at <https://forms.office.com/g/BSD7MjRUab> for the

Revised

household. The completed RAS Worksheet will be submitted to HEAP Central. Any questions can be emailed to HEAP Central at HEAPRAS@hra.nyc.gov. An interview for these applicants is required. HEAP Central staff will conduct the interview for HEAP and RAS applicants. The requirement for in-person interviews is currently waived due to COVID-19. Applicants who apply for RAS using the **LDSS-3421** may submit the application by mail or in person.

The applicant must be the customer of record for the electricity and/or gas account(s), or must document that they pay the utility vendor(s) directly for the bill(s). This must be verified and documented on the RAS Worksheet.

RAS Benefit Amount

The amount of the RAS benefit will be the current electricity and/or gas amount owed by the household, but cannot exceed \$10,000 dollars per household.

All electricity and/or gas arrears must be verified on the date of application processing using a utility webtool and/or collateral contact with the utility company, and must be documented on the RAS Worksheet.

Only one RAS benefit per current electricity and/or gas account is permitted. This benefit may not be accessed more than once for each electricity and/or gas account. Arrears already paid by the household or any other party do not qualify for payment under RAS.

HEAP Staff Only

Systems Implications

HEAP RAS payments are authorized through the Welfare Management System (WMS) using payment type **J9** (HEAP Additional Benefit). These benefits must be issued on a Case Type **60** (HEAP only) or an appropriate CA or SNAP case type. Payments on closed cases are not permitted.

Processing Timeframes and Applicant Notification

The application date is the date that the **LDSS-3421** is received, or the date that the RAS Worksheet is completed, if the **LDSS-3421** is not required.

An applicant's eligibility for RAS benefits must be determined within 30 business days from the date of application. Applications for RAS benefits may be pended for missing or additional documentation for up

to 10 business days if necessary. If the applicant fails to provide the requested documentation by the due date, the application must be denied, and the applicant must be provided with a timely notice of eligibility decision.

A supervisory review must be completed for all approved and denied applications for RAS benefits.

Applicants must be provided with an appropriate notice of the eligibility decision no later than 30 business days from the RAS application date. Once HEAP issues the RAS benefit using the **J9** issuance code, the HEAP Notice of Eligibility Decision – Approval (**FIA-1230a**) notice will be sent to applicants approved for the RAS benefit. If the applicant is determined ineligible for the RAS benefit, the HEAP Program Notice of Denial (**FIA-1230b**) will be issued. A copy of all notices must be retained in the case record.

List of 2020-2021 HEAP Regular Benefit Recipients with Electricity and/or Gas Arrears

HEAP Central received the list, and no HEAP application is required

HRA received a spreadsheet of recipients of the HEAP Regular benefits during the 2020-2021 program year who have been identified by their utility company as having electricity and/or gas arrears. HRA will assess these households for RAS benefits by verifying the household's current electricity and/or gas account status.

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HRA must complete the RAS Worksheet online at <https://forms.office.com/g/BS7MjRUab> on behalf of the household for which a RAS benefit is issued. Interviews are not required for households on the list whose eligibility for RAS can be determined using the utility web tool or collateral contact with the electricity and/or gas utility vendor.

Outreach letter sent to identified households informing them of need to apply for RAS benefit

For households that HRA is unable to determine eligibility for the RAS benefit (i.e., the electricity and/or gas account is not active, the address has changed since receipt of their most recent HEAP benefit), the household will be mailed an outreach letter. The outreach letter will inform the household to apply for the RAS benefit through HEAP Central. The household must have a copy of their utility bill. A new letter, the "HEAP Regular Arrears Supplement Outreach" (**FIA-1230d**) has been developed.

For these households that are found ineligible or denied for the RAS benefit, no denial letter is sent. The household will have to apply through the Regular HEAP process.

Job Center/HASA Staff

One Shot Deal for Electricity and/or Gas Arrears Only

Revised

Once an applicant makes a request for utilities assistance, either through ACCESS HRA (AHRA) or any other submission method, the JOS/Worker will check the HRA OneViewer for any utility documentation and the Welfare Management System (WMS) for a HEAP payment made in the 2020-2021 HEAP season. The applicant/participant will be called for a telephone interview under the current process, and the JOS/Worker will complete the RAS Worksheet online at <https://forms.office.com/g/BSD7MjRUab>. The completed RAS Worksheet must be added to the client's case record. Any questions can be emailed to HEAP Central at HEAPRAS@hra.nyc.gov.

These emergency assistance applications will be denied as the HEAP RAS benefit is an available resource to meet their need. Staff must deny the case with reason code **Y95** (Case Closed After Being Accepted for Emergency Assistance – Manual Notice Required) and enter the following as the reason on the Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (**W-145HH**) in the final "Other" field at the bottom of page 3 of the notice:

The HEAP Regular Arrears Supplement is an available resource. You must use all available resources before we can help with this request. 18 NYCRR 352.23.

Note: If the applicant is not eligible for the HEAP RAS benefit, the JOS/Worker must direct the applicant to apply for utilities assistance using the **LDSS-3421** application. The **LDSS-3421** application is available in the Customer Information Service Center (CSIC) in the Job Center. The applicant may also contact the Office of Constituent Services (OCS) and request the **LDSS-3421** be mailed to them.

PRUCOL Exception

Refer to [PD#13-09-ELI](#)

Note: Households only containing non-citizens who are Permanently Residing Under Color of Law (PRUCOL) are categorically ineligible for HEAP. If the household consists of at least one US citizen or an individual who has an immigration status that is eligible for federal benefits (refer to PD#13-09-ELI on determining non-citizen and PRUCOL eligibility), the household must be evaluated for RAS benefit eligibility. Regular processing rules would still apply.

New Information

Centralized FIA and HASA Admin staff will review the SharePoint website on a weekly basis for cases that were found ineligible for a RAS benefit because of their immigration status. The cases will be distributed to the centers to reconsider eligibility for a regular utility grant.

HEAP Central Staff

HEAP Central will verify the household's eligibility for the RAS benefit. If determined ineligible for HEAP, HEAP Central will deny the request for the RAS benefit. If found eligible, HEAP Central will approve the request and issue payment to the utility company. HEAP Central will send applicants an approval notice (**FIA-1230a**) manually with the RAS benefit amount, or a denial notice (**FIA-1230b**), if deemed ineligible for RAS.

Request for Utility Arrears Active Cases

For CA participants who request emergency assistance for utility arrears, either online through AHRA or through another submission method, will be determined ineligible for the grant. The JOS/Worker will need to deny the request, using the **FIA-1104** form and enter the following as the reason for denial:

Revised

"OTDA requires that you apply for NYS ERAP or for HEAP and the RAS Benefit before HRA can decide on your request. 18 NYCRR 352.23."

Revised

Using the information gathered in the Paperless Office System (POS) for the submission, the RAS Worksheet will be completed online at <https://forms.office.com/g/BSD7MjRUab> and sent to HEAP Central.

Request for Utility Arrears at the SNAP Center

Co-located Job/SNAP Center

SNAP participants who walk into the co-located Job/SNAP Center and wish to apply for utility arrears will be referred to the Job Center.

Standalone SNAP Center

Revised

SNAP participants who walk into the standalone SNAP Center and wish to apply for utility arrears must complete the **LDSS-3421**, if they are not currently in receipt of HEAP or have not received HEAP during the 2020-2021 HEAP season. The JOS/Worker must complete the RAS Worksheet online at <https://forms.office.com/g/BSD7MjRUab>, and forward the **LDSS-3421** and RAS Worksheet to HEAP Central. The utility documentation will be emailed by the SNAP Center Customer Service Supervisor to the HEAP Central mailbox at HEAPRAS@hra.nyc.gov.

Effective Immediately

Related Items:

[21 TA/DC065](#)
[20-LCM-11](#)
[HEAP Manual](#)
[PD#13-09-ELI](#)
[PD#21-01-ELI](#)

Attachments:**Attachment A**

Home Energy Assistance Program (HEAP)
Regular Arrears Supplement (RAS)
Worksheet

LDSS-3421

Home Energy Assistance Program Application
(Rev. 5/20)

FIA-1104 (E)

Notice of Determination Regarding Your
Request for a Utility (Natural Gas, Utility Heat,
Lights, Electricity) Arrears Payment
(For Active Cases Only) (Rev. 4/21/2017)

FIA-1230a (E)

Home Energy Assistance Program (HEAP)
Notice of Eligibility Decision – Approval
(Rev. 8/9/2021)

FIA-1230b (E)

HEAP Program Notice of Denial
(Rev. 7/13/2021)

FIA-1230d (E)

Home Energy Assistance Program (HEAP)
Regular Arrears Supplement Outreach
(09/27/2021)

W-145HH (E)

Notice of Determination on Assistance to meet
an Immediate Needs or Emergency Grant (For
Applicants Only) (Rev. 06/02/2021)

Home Energy Assistance Program (HEAP) Regular Arrears Supplement (RAS) Worksheet

Application Information

Date: _____ Case Number: _____

Applicant Name: _____ SSN: _____

Address: _____

Did the applicant receive a Regular HEAP benefit in the current program year? ☐ Yes ☐ NoHas the applicant moved since receiving their Regular HEAP benefit? ☐ Yes ☐ NoIs this an application for a one-shot deal for utility arrears only? ☐ Yes ☐ No

Only answer the following if the Regular benefit was paid on a Temporary Assistance (TA) or Supplemental Nutrition Assistance Program (SNAP) case:

Has the TA or SNAP case closed since the applicant received their Regular HEAP benefit? ☐ Yes ☐ No

Verification

☐ Natural Gas Heat☐ Electric Heat☐ Combined Natural Gas Heat and Electric

Vendor Name: _____

Account Number: _____

Applicant is customer of record ☐ Yes ☐ NoAccount is active ☐ Yes ☐ NoAccount has past-due arrears ☐ Yes ☐ No

Amount: \$ _____

Verified using: ☐ Utility website ☐ Collateral contact, name: _____ Date: _____☐ Domestic Electric

Vendor Name: _____

Account Number: _____

Applicant is customer of record ☐ Yes ☐ NoAccount is active ☐ Yes ☐ NoAccount has past-due arrears ☐ Yes ☐ No

Amount: \$ _____

Verified using: ☐ Utility website ☐ Collateral contact, name: _____ Date: _____

Referring Job/HASA/SNAP Center: _____

Referring JOS/Worker: _____

Agency Use Section

☐ Denied Reason: _____☐ Approved ☐ Natural Gas Heat ☐ Electric Heat ☐ Combined Natural Gas Heat and Electric

RAS benefit amount \$ _____

☐ Domestic Electric

RAS benefit amount \$ _____

Comments: _____

HEAP Worker Signature: _____

Date: _____

HEAP Supervisor Signature: _____

Date: _____

HOME ENERGY ASSISTANCE PROGRAM APPLICATION

If you are blind or seriously visually impaired and need this application in an alternative format, you may request one from your social services district. For additional information regarding the types of formats available and how you can request an application in an alternative format, see the attached instructions or visit www.otda.ny.gov.

If you are blind or seriously visually impaired, would you like to receive written notices in an alternative format? ☐ Yes ☐ No

If Yes, check the type of format you would like:

☐ Large Print ☐ Data CD ☐ Audio CD

☐ Braille, if you assert that none of the other alternative formats will be equally effective for you.

If you require another accommodation, please contact your social services district.

HOME ENERGY ASSISTANCE PROGRAM APPLICATION

PLEASE READ THE INSTRUCTIONS ATTACHED TO THE BACK OF THE APPLICATION. ANSWER ALL QUESTIONS. DO NOT WRITE IN THE SHADED AREAS. PLEASE PRINT CLEARLY AND SIGN THE FORM ON PAGE 5. COMPLETE THE WHITE BOXES BELOW IN BLUE OR BLACK INK.

CONTACT THE AGENCY ABOVE IF YOU NEED HELP					AGENCY USE ONLY			
					DSS		OFA/ALTERNATE CERTIFIER	
					DATE RECEIVED		DATE RECEIVED	
AGENCY USE ONLY								
APPLICATION DATE	OFFICE	UNIT ID	WORKER ID	CASE TYPE	CASE NUMBER	REGISTRY NUMBER	VERS.	
CASE NAME					<input type="checkbox"/> REGULAR	<input type="checkbox"/> HEATING EQPT	<input type="checkbox"/> COOLING	
					<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> CLEAN & TUNE	<input type="checkbox"/> OTHER_____	

SECTION 1: HOUSEHOLD COMPOSITION

APPLICANT INFORMATION												
FIRST NAME			MI	LAST NAME								
OTHER NAMES BY WHICH I HAVE BEEN KNOWN ARE:			OTHER NAME					OTHER NAME				
CURRENT STREET ADDRESS						APT. #	CITY					
STATE	ZIP CODE		COUNTY		LENGTH OF TIME AT THIS ADDRESS? YEARS_____ MONTHS_____							
DAYTIME PHONE NUMBER WHERE I CAN BE REACHED (Area Code + Phone No.)					BEST TIME TO CALL		IF AN INTERVIEW IS NEEDED, I WOULD LIKE A: <input type="checkbox"/> Phone Interview <input type="checkbox"/> In Person Interview					
MY MAILING ADDRESS (IF DIFFERENT FROM ABOVE) IS:												
ADDRESS				APT. #	CITY			COUNTY	STATE	ZIP CODE		
HAVE YOU EVER APPLIED FOR HEAP? <input type="checkbox"/> YES <input type="checkbox"/> NO								IF YES, ENTER DATE OF MOST RECENT APPLICATION ➡				
LIST EVERYONE INCLUDING YOURSELF WHO CURRENTLY LIVES IN THE SAME HOUSE (If no one else, write NONE UNDER YOUR NAME):												
CD	LN	FIRST NAME	MI	LAST NAME	DATE OF BIRTH			SEX	GENDER IDENTITY (Optional) Male, Female, Non-Binary, X, Transgender, Different Identity (Please describe)	RELATION TO ME	SOCIAL SECURITY NUMBER	CITIZEN / NATIONAL OR QUALIFIED ALIEN
					MO.	DAY	YR.	M/F				
1	01									SELF		<input type="checkbox"/> YES <input type="checkbox"/> NO
1	02											<input type="checkbox"/> YES <input type="checkbox"/> NO
1	03											<input type="checkbox"/> YES <input type="checkbox"/> NO
1	04											<input type="checkbox"/> YES <input type="checkbox"/> NO
1	05											<input type="checkbox"/> YES <input type="checkbox"/> NO
1	06											<input type="checkbox"/> YES <input type="checkbox"/> NO
If there are more members in your household, please attach a separate sheet of paper.										Total Number in Household: _____		
Is anyone in your household blind or disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who? _____												
DO YOU OR DOES ANYONE LIVING AT YOUR ADDRESS GET OR HAVE RECENTLY APPLIED FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who? _____ CASE NUMBER _____												
DO YOU OR DOES ANYONE LIVING AT YOUR ADDRESS GET OR HAVE RECENTLY APPLIED FOR TEMPORARY ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who? _____ CASE NUMBER _____												

SECTION 2: HOUSING – CHECK (✓) ONE BOX ONLY**HOMEOWNER**

- ☐ Single Family House or Mobile Home
☐ Multi-Family House; List Number of Units _____
☐ Co-op/Condo Owner
☐ Life Estate/Use

OTHER

- ☐ I live with someone else and share expenses
☐ I pay for a room
☐ I pay room and board
☐ Permanent hotel/motel
☐ Other living situation _____

RENTER

- ☐ Private House, Apartment or Mobile Home

SUBSIDIZED RENT

- ☐ Private Subsidized Housing
☐ Public Housing Project or Senior Housing
☐ Public Subsidized Housing

Do you receive a HUD utility allowance?

- ☐ Yes If yes, how much \$ _____ ☐ No

MY MONTHLY RENT OR MORTGAGE PAYMENT IS:

\$ _____ ☐ NONE

IF APPLICABLE, THE NAME OF THE APARTMENT BUILDING OR HOUSING PROJECT I LIVE IN IS:**DO YOU OR DOES ANYONE IN YOUR HOUSEHOLD RECEIVE A SENIOR CITIZEN RENT INCREASE EXEMPTION (SCRIE)?**

- ☐ YES ☐ NO

SECTION 3: HEAT AND UTILITY INFORMATION**1. DO YOU PAY SEPARATELY FOR HEAT? ☐ Yes- Complete information below ☐ No****My main source of heat is**

- ☐ Natural Gas ☐ Fuel Oil ☐ Electric ☐ Coal or Corn
☐ Wood/Wood Pellets ☐ Kerosene ☐ Propane or Bottle Gas ☐ Other _____

My fuel tank is: ☐ Individual Tank ☐ Metered Tank

Is the heating bill in your name? ☐ YES ☐ NO

If **No**, name on the bill: _____ Relationship to you: _____

Are you directly responsible to pay the bill? ☐ YES ☐ NO

Your heating company's name is: _____

Your Heating Company's Address: _____

Your heating account number is: _____

2. DO YOU PAY A SEPARATE ELECTRIC BILL FOR UTILITIES OTHER THAN HEAT?

- ☐ YES – Complete information below ☐ NO

If **yes**, is the electric bill in your name? ☐ YES ☐ NO If **No**, name on the bill _____

Your electric account number (if you have one) is: _____

Your utility company's name is: _____

Is electric necessary to run the furnace? ☐ YES ☐ NO

Is electricity necessary to operate the thermostat in your apartment? ☐ YES ☐ NO

3. ARE BOTH HEAT AND ELECTRIC INCLUDED IN YOUR RENT? ☐ YES ☐ NO

SECTION 4: HOUSEHOLD INCOME

REPORT ANY INCOME FOR **ALL HOUSEHOLD MEMBERS**. ALL AMOUNTS MUST BE REPORTED AS **GROSS MONTHLY INCOME** BEFORE ANY DEDUCTIONS. ATTACH ADDITIONAL SHEETS IF NECESSARY.

CHECK YES OR NO FOR EACH (✓)	TYPE OF INCOME	IF YES, GIVE AMOUNT	ADDITIONAL INFORMATION	WHO RECEIVES?
<input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY AMOUNT BEFORE MEDICARE PART B & D	GROSS MONTHLY AMOUNT \$	Indicate amount you pay for : Medicare Part B: Medicare Part D:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY DISABILITY AMOUNT BEFORE MEDICARE PART B & D	GROSS MONTHLY AMOUNT \$	Indicate amount you pay for : Medicare Part B: Medicare Part D:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	SUPPLEMENTAL SECURITY INCOME (SSI)	GROSS MONTHLY AMOUNT \$		
<input type="checkbox"/> YES <input type="checkbox"/> NO	WAGES SUBMIT WAGE STUBS FOR THE PAST 4 WEEKS. Note: Gross Weekly amounts are multiplied by 4.333333 to calculate the monthly amount. Gross Bi-Weekly amounts are multiplied by 2.166666 to calculate the monthly amount.	<input type="checkbox"/> WEEKLY \$ <input type="checkbox"/> BI-WEEKLY \$ <input type="checkbox"/> MONTHLY \$ <input type="checkbox"/> SEMI-MONTHLY	Employer	
		<input type="checkbox"/> WEEKLY \$ <input type="checkbox"/> BI-WEEKLY \$ <input type="checkbox"/> MONTHLY \$ <input type="checkbox"/> SEMI-MONTHLY	Employer	
		<input type="checkbox"/> WEEKLY \$ <input type="checkbox"/> BI-WEEKLY \$ <input type="checkbox"/> MONTHLY \$ <input type="checkbox"/> SEMI-MONTHLY	Employer	
		<input type="checkbox"/> WEEKLY \$ <input type="checkbox"/> BI-WEEKLY \$ <input type="checkbox"/> MONTHLY \$ <input type="checkbox"/> SEMI-MONTHLY	Employer	
<input type="checkbox"/> YES <input type="checkbox"/> NO	PENSION/RETIREMENT Private and/or government	GROSS MONTHLY AMOUNT \$	Source of Pension	
<input type="checkbox"/> YES <input type="checkbox"/> NO	VETERAN'S BENEFITS	GROSS MONTHLY AMOUNT \$		
<input type="checkbox"/> YES <input type="checkbox"/> NO	DISABILITY private or NYS	GROSS WEEKLY AMOUNT \$	Source	
<input type="checkbox"/> YES <input type="checkbox"/> NO	CONTRIBUTION from someone outside the household	GROSS MONTHLY AMOUNT \$	Name of Contributor	
<input type="checkbox"/> YES <input type="checkbox"/> NO	CHILD SUPPORT	GROSS WEEKLY AMOUNT \$	Source	
<input type="checkbox"/> YES <input type="checkbox"/> NO	ALIMONY/SPOUSAL SUPPORT including payments for mortgage, utility bills, etc.	GROSS MONTHLY AMOUNT \$	Source	
<input type="checkbox"/> YES <input type="checkbox"/> NO	RENTAL INCOME apartment, garage, land, etc.	GROSS MONTHLY AMOUNT \$	Type of Rental	
<input type="checkbox"/> YES <input type="checkbox"/> NO	ROOM/BOARD (received) etc.	GROSS MONTHLY AMOUNT \$	Name of Room/Boarder	
<input type="checkbox"/> YES <input type="checkbox"/> NO	WORKER'S COMPENSATION	GROSS WEEKLY AMOUNT \$		
<input type="checkbox"/> YES <input type="checkbox"/> NO	UNEMPLOYMENT BENEFITS	GROSS WEEKLY AMOUNT \$	Start Date:	
			End Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Income from savings, checking, CDs, money market accounts, stocks, bonds, securities. IRA, annuity, and 401K distributions.	ENTER INFORMATION ON NEXT PAGE		
<input type="checkbox"/> YES <input type="checkbox"/> NO	IS THERE ANY OTHER INCOME FROM ANY OTHER SOURCE? ATTACH EXPLANATION	AMOUNT \$	Source	WHO RECEIVES
<input type="checkbox"/> YES <input type="checkbox"/> NO	SELF-EMPLOYMENT INCOME _____ TYPE OF BUSINESS _____ If yes, you may choose to have your self-employment income calculated based on your filed federal tax return for the current year or prior tax year if you have not yet filed for the current year, including all applicable schedules or based on the three (3) months prior to your application. Please choose one method: <input type="checkbox"/> Filed Federal Tax Return <input type="checkbox"/> Three Months			

IS THERE ANYONE IN YOUR HOUSEHOLD AGE 18 OR OLDER WHO **DOES NOT** HAVE ANY INCOME FROM ANY SOURCE?

☐ YES, list members with no income: ☐ NO

IS THERE ANYONE IN YOUR HOUSEHOLD WHO IS A FULL-TIME DEPENDENT HIGH SCHOOL OR COLLEGE STUDENT?

☐ YES, list member(s): ☐ NO

INTEREST AND INVESTMENT INCOME

LIST EACH ACCOUNT SEPARATELY. ATTACH ADDITIONAL SHEETS IF NECESSARY.	AMOUNT RECEIVED YEAR-TO-DATE	SOURCE
INTEREST from savings, checking, CDs, money market accounts, etc.	\$	Name of Bank
INTEREST from savings, checking, CDs, money market accounts, etc.	\$	Name of Bank
INTEREST from savings, checking, CDs, money market accounts, etc.	\$	Name of Bank
INTEREST from savings, checking, CDs, money market accounts, etc.	\$	Name of Bank
DIVIDENDS from stocks, bonds, securities, etc.	\$	Source of Dividends
DIVIDENDS from stocks, bonds, securities, etc.	\$	Source of Dividends
DIVIDENDS from stocks, bonds, securities, etc.	\$	Source of Dividends
DIVIDENDS from stocks, bonds, securities, etc.	\$	Source of Dividends
DISTRIBUTIONS from IRA, 401K, annuity, etc.	\$	Source of Distributions
DISTRIBUTIONS from IRA, 401K, annuity, etc.	\$	Source of Distributions
DISTRIBUTIONS from IRA, 401K, annuity, etc.	\$	Source of Distributions

AUTHORIZED REPRESENTATIVE

You can designate someone who knows your household circumstances to be your authorized representative. Your Authorized Representative may: complete and file your HEAP application, contact the agency and speak with your worker, have access to eligibility information in your case file, complete all forms for you, provide documentation, appeal agency decisions. You must still sign this application. The Authorized Representative designation will remain in effect for the current HEAP season unless revoked by you. Each HEAP season you will be asked if you want to designate an Authorized Representative.

I would like to designate an authorized representative. ☐ YES - Complete information below ☐ NO

Name of authorized representative:

Address and phone number:

PLEASE SIGN APPLICATION ON PAGE 5

SECTION 5: IMPORTANT NOTICES**IMPORTANT NOTICE**

YOU SHOULD BE AWARE THAT THERE IS LIMITED MONEY AVAILABLE FOR HEAP BENEFIT PAYMENTS. ONCE AVAILABLE MONEY IS EXHAUSTED, NO BENEFITS WILL BE ISSUED. THEREFORE, IT IS STRONGLY RECOMMENDED THAT YOU COMPLETE AND SUBMIT YOUR APPLICATION AS SOON AS POSSIBLE.

PERSONAL PRIVACY LAW - NOTIFICATION TO CLIENTS

The State's Personal Privacy Protection Law, which took effect September 1, 1984, states that we must tell you what the State will do with the information you give us about yourself and your family. We use the information to find out if you are eligible for the Home Energy Assistance Program and, if so, for how much. The section of the Law that gives us the right to collect the information about you is Section 21 of the Social Services Law. To make sure that you are getting all of the assistance you and your family are legally entitled to receive, we check with other sources to find out more about the information you have given us. For example:

- We may check to find out if you or anyone in your household were working. We do this by sending your name and Social Security Number to the State Department of Taxation and Finance, and also to known employers, to tell us whether you worked and, if so, how much you made.
- We may ask the State to check with the Unemployment Insurance Division to see if you or anyone in your household were getting unemployment benefits.
- We may check with banks to make sure we know about any income you or anyone in your household may have received.

Besides using the information you give us in this way, the State also uses the information to prepare statistics about all the people receiving Home Energy Assistance. This information is used for program planning and management. The information is used for quality control by the State to make sure local districts are doing the best job they can. It is used to verify who your energy supplier is and to make certain payments to such vendors. Your failure to provide us with the information we need may prevent us from finding out if you are eligible for assistance and we may then have to deny your application. This information is kept by the Commissioner, Office of Temporary and Disability Assistance, 40 North Pearl Street, Albany, New York 12243-0001. Do not send your application to this address. If you or anyone in your household does not have a Social Security Number, a Social Security Number must be applied for at the U.S. Social Security Administration.

Read the Important Information Below

I swear and/or affirm that the information given on this application and subsequent phone interviews is true and correct. I realize that any false statements or other misrepresentation knowingly made by me in connection with this application and subsequent requests for HEAP assistance may result in my being found ineligible for the assistance paid to me or on my behalf. Additionally, any false statement or misrepresentation knowingly made by me for purposes of obtaining assistance under this program may result in an action against me which may subject me to civil and/or criminal penalties.

CONSENT

I understand that by signing this application/certification, I consent to any investigation to verify or confirm the information I have given and other investigation by any authorized government agency in connection with this and any other requests for Home Energy Assistance Program (HEAP) benefits. I also consent to allow the information provided on this application to be used in referrals to available weatherization assistance programs and my utility company's low income programs.

I understand that the State will use my Social Security Number to verify with my home energy vendors the receipt of HEAP. This authorization also includes permission for any of my home energy vendors (including my utility) to release certain statistical information, including but not limited to, my electricity usage, electricity cost, fuel consumption, fuel type, annual fuel cost and payment history to the Office of Temporary and Disability Assistance, the local Social Services District and the United States Department of Health and Human Services for the purposes of Low Income Home Energy Assistance Program (LIHEAP) performance measurement.

TO GET HEAP- ALL QUESTIONS MUST BE ANSWERED AND YOUR APPLICATION MUST BE SIGNED AND DATED BELOW.**SIGN HERE:**

DATE SIGNED

X

NAME OF PERSON, IF ANY, WHO ASSISTED YOU:

PHONE NUMBER:

[illegible]

AGENCY USE ONLY**NOTES AND INCOME CALCULATION WORKSHEET****FEDERAL REPORTING STATUS OF HOME ENERGY SERVICE****THE HOUSEHOLD HAS ONE OR MORE OF THE FOLLOWING - CHECK ALL THAT APPLY**

- ☐ A disconnect notice. Company Name: _____
- ☐ Disconnection from service. Company Name: _____
- ☐ Less than ¼ tank of fuel. Company Name: _____
- ☐ Less than a 10 day supply of fuel. Company Name: _____
- ☐ Out of fuel. Company Name: _____
- ☐ A non-working furnace/boiler/heat system that needs replacement
- ☐ Electricity as supplemented heating fuel.
- ☐ Wood as supplemental heating fuel.
- ☐ Other supplemental heating fuel.
- ☐ Central air conditioning.
- ☐ A window or wall air conditioner.

NEW YORK STATE HOME ENERGY ASSISTANCE PROGRAM
(HEAP)

APPLICATION INSTRUCTIONS

If you are blind or seriously visually impaired and need an application or these instructions in an alternative format, you may request them from your social services district (SSD). The following alternative formats are available:

- Large print;
- Data format (a screen reader-accessible electronic file);
- Audio format (an audio transcription of the instructions or application questions); and
- Braille, if you assert that none of the alternative formats above will be equally effective for you.

Applications and instructions are also available for download in large print, data format and audio format from www.otda.ny.gov. Please note that applications are available in audio format and Braille solely for informational purposes. In order to apply, you must submit an application in written, non-alternative format.

If you have any disabilities that prevent you from completing this application and/or from waiting to be interviewed, please notify your SSD. The SSD will make every effort to provide a reasonable accommodation to address your needs.

If you require another accommodation, or need other help completing this application, please contact your SSD. We are committed to assisting and supporting you in a professional and respectful manner.

IMPORTANT INFORMATION ABOUT PROGRAM DATES

HEAP benefits are only available when the program is open. The opening and closing dates are determined for each program year. Opening dates for the regular benefit and the emergency benefit components may be different. Information on the opening and closing dates for this year's program can be found on the OTDA website at <http://www.otda.ny.gov> or by calling our toll free number at 1-800-342-3009.

ALTERNATIVE FORMATS: Check "YES" or "NO" to indicate whether you are blind or seriously visually impaired and would like to receive written notices in an alternative format. If "Yes," check the type of format you would like. Alternative formats are available in large print, data CD, audio CD, or Braille, if you assert that none of the other alternative formats are equally effective for you. If you require another accommodation, or need other help completing this application, please contact your SSD.

INSTRUCTIONS FOR COMPLETING THE APPLICATION:

Complete all non-shaded areas and answer all questions.

Who should complete and sign the application?

The application should be completed by the person who has primary and direct responsibility for payment of the heating bill or the primary tenant if heat is included in the rent.

What address should I list?

You must list your current address. This must be your permanent and primary residence.

Why do you need my daytime phone number?

It is important to list a phone number where you can be reached. This will assist in timely processing of your application if additional information is required.

Will I need an interview?

Some applicants may be required to have an interview. You may choose to have a phone interview or to have an in person interview. Please indicate your interview preference in the box on page one. Completion of this section does not mean you will be required to have an interview.

All applications for heating equipment repair or replacement must have an in person interview.

Who should I list as household members?

List everyone who lives in your house, even if they are not related to you or contributing financially to your household. You may be required to provide proof of identity for all household members. List yourself first on line 1. If you live alone, write the word "none" on line 2.

Gender Identity

New York State ensures your right to access State benefits and/or services regardless of sex, gender identity or expression. You must report your sex and the sex of all household members as male or female. The sex you report here must be the same as what is currently on file with the United States Social Security Administration. The sex you report is needed to process your application. It will not appear on any benefit card you may receive or any other public-facing document.

Gender identity is how you perceive yourself and what you call yourself. Your gender identity can be the same as or different from your sex assigned at birth. Gender identity is not required for this application. If your gender identity, or the gender identity of anyone in your household, is different than the sex you report for that person and you would like to provide that person's gender identity, print "Male", "Female", "Non-Binary", "X", "Transgender", or "Different Identity" in the space provided. If you print "Different Identity", you may choose to describe that person's gender identity further in the space provided.

Citizen /Alien Information:

In order to receive HEAP, you must be a U.S. citizen, Qualified Alien, or U.S non-citizen national. For additional information on what constitutes a Qualified Alien or U.S. non-citizen national, please contact the New York State Office of Temporary and Disability Assistance hotline at 1-800-342-3009 or visit the OTDA website at <http://www.otda.ny.gov>.

Why do I need to provide Social Security numbers for everyone?

Social Security numbers are required for all household members. The information is validated with data from the Social Security Administration. If any member does not have a Social Security number but has applied for one, write the word "applied" in the Social Security Number box. If you leave this section blank for any household member, your application cannot be processed but will be pended for further information. This information may also be used to perform data matches with other state and federal agencies for the purposes of verifying your household's HEAP eligibility.

Housing Information

Please check the box that most accurately represents your housing situation.

Heating Situation

Make sure to answer all three (3) questions

How should I complete the income section? Will I need to provide proof?

List ALL income for all household members. All amounts should be entered as gross income prior to any deductions. Deductions include, but are not limited to: income taxes, child support, garnishments, health insurance, and union dues. You are required to submit documentation of all earned income, including self-employment and rental income. You may be required to provide proof of other income. Please see page 6 of the application instructions for specific types of acceptable documentation. Do not submit originals, they will not be returned. Eligibility will be based on your household's gross monthly income for the month of application.

Please enter the amount of your Social Security before any deductions for Medicare. List separately the amounts that you pay for Medicare Part B and/or D. Amounts for Medicare Parts B and D are excluded as income.

Enter only the interest or dividend portions of bank accounts, CDs, stocks, bonds or other investment income. List each account separately. If you need more space, attach additional sheets. Enter the amount received for the year to date.

What does authorized representative mean?

An authorized representative is a person who may act as your agent for HEAP purposes as listed on the application. Authorized representative status is for the current program only and you may revoke it at any time during the program by submitting a statement to your local Social Services District. Since this person may be providing information on your behalf, it should be someone who knows your circumstances.

Make sure to SIGN and date the application. The application must be signed by the person who has the heating bill in their name, or who pays the bill if it is in someone else's name. If heat is included in the rent, the primary tenant must complete and sign the application.

Motor Voter Registration

Please include the Motor Voter form with your application. Complete this form if you are not registered to vote and you want to register. This does not affect your HEAP eligibility or benefit amount.

WHAT WILL I NEED TO APPLY?

New applicants will need to include the following documentation along with your application:

- Proof of each household member's identity
- A valid Social Security Number for each household member
- Proof of residence
- A fuel and/or utility bill if you pay for heat or proof that you pay rent which includes heat
- Documentation of income for all household members

Please see page 6 of the application instructions for specific types of acceptable documentation. In addition, new applicants will also need to have an interview; and you can choose either a phone interview or an in person interview. However, if you do choose a phone interview, please include a working phone number and the best time to contact you for a phone interview on Page 1 of your application.

All applications for heating equipment repair or replacement must be in person with full documentation.

WHERE TO APPLY:

You must apply in the county in which you currently reside. You can apply in person or mail in your application at the address stamped at the top of the application or can find other local certifiers by checking our website at: <http://www.otda.ny.gov>.

MY BENEFITS

You may apply for HEAP online by going to <https://www.mybenefits.ny.gov> . Once your application for HEAP is submitted, you can check the status of your application on-line by using your secure online account at <https://www.mybenefits.ny.gov> . If your application is approved the amount of the benefit is provided. You may be eligible for food assistance. Check your eligibility and apply for SNAP at <https://www.mybenefits.ny.gov> . Additional information about HEAP and other human services programs can be found at <https://www.mybenefits.ny.gov> .

How will my benefit be paid?

If you are approved and you pay for heat, your payment will be sent to your heating fuel vendor. Your eligibility notice will include the name of the vendor. If the vendor listed is not correct, notify the local Social Services District immediately. In some cases, your benefit will be paid to your electric company if heat is included in your rent. Your notice will tell you the amount of the benefit, how it will be paid, and how it was calculated.

Vendors are not permitted to make deliveries until payment is received or until instructed to do so by the local Social Services District. Benefits may not be applied to prior deliveries for deliverable fuel sources. If you are in need of fuel before your vendor has received notification or payment, you must contact your local Social Services District.

Regular HEAP benefits are intended to be a one-time supplement to your annual energy costs and are not intended to replace your personal payments. You must continue to pay your energy bills.

What is a HEAP Emergency?

- You are out of fuel or have less than ¼ tank of oil, kerosene or propane, or less than a ten (10) day supply of other deliverable heating fuel.
- Your natural gas or electric heat has been shut off or is scheduled to be shut off.
- Applicant owned heating equipment is not working.

WHAT IF I HAVE AN EMERGENCY?

HEAP benefits can assist with the following emergencies:

- You are out of fuel or have less than ¼ tank of oil, kerosene or propane, or less than a ten (10) day supply of other deliverable heating fuel.
- Your natural gas or electric heat has been shut off or is scheduled to be shut off.
- Applicant owned heating equipment is not working.

If you have a heating emergency and have applied for, but have not received, your regular benefit, you should contact your local Social Services District after the program opens. Whenever possible, regular HEAP benefits are used first to resolve an energy emergency.

DO NOT WAIT UNTIL YOU ARE OUT OF HEATING FUEL OR YOUR GAS/ELECTRIC SERVICE IS OFF TO REQUEST ASSISTANCE. IF YOUR UTILITY SERVICE IS TERMINATED, YOUR UTILITY COMPANY IS NOT REQUIRED TO RESTORE YOUR SERVICE EVEN IF YOU ARE ELIGIBLE FOR A HEAP BENEFIT.

FAIR HEARINGS

You have certain rights when filing your HEAP application. You have the right to be told if your application is approved or denied within thirty (30) business days of the date that the HEAP certifier receives your completed and signed application.

The processing time for applications will not begin until program opening even though you may have received an application prior to the program opening date as a part of our outreach effort. You have the right to request a conference and/or a fair hearing if it has been more than thirty (30) business days since the HEAP certifier received your signed and completed application (or it has been more than thirty (30) business days since program opening if the certifier received your application prior to program opening) and you have not been told of the eligibility decision.

If you would like a conference, you should ask for one as soon as possible. At the conference, if it is discovered that a wrong decision was made, or if because of information you provide, the decision has changed our original decision, corrective action will be taken.

If you would like a conference, contact your local social services district at <http://otda.ny.gov/programs/heap/contacts>. This is only for requesting a conference. It is not how you ask for a fair hearing. If you ask for or have a conference, you are still entitled to 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. 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.

If you live anywhere in New York State, you may request a Fair Hearing by telephone, fax, online, or by writing to the address below:

Telephone: Statewide toll-free request number is 800-342-3334. Please have the notice, if any, with you when you call.

Fax: your Fair Hearing request to: 518-473-6735

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

In writing: For notices, fill in the supplied space and send a copy of the notice, or write to:

NYS Office of Temporary and Disability Assistance
Office of Administrative Hearings
P.O. Box 1930
Albany, NY 12201-1930

If you request a fair hearing, NYS will send you a notice of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, friend, or other person, or to represent yourself. At the hearing, your attorney or other representative will have the opportunity to present written and oral evidence, as well as the opportunity to question any persons who appear at the hearing. Also, you have the right to bring witnesses to speak in your favor. You should bring to the hearing any documents that may be helpful in presenting your case.

If you need free legal assistance, 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".

You have the right to review your case record. Upon your request, you have the right to free copies of documents that your local Department of Social Services presents into evidence at the fair hearing. Also, upon request, you have the right to free copies of other documents from your case record that you need for your fair hearing. To request such documents or to find out how you may review your case record, contact your local social services district at <http://otda.ny.gov/programs/heap/contacts>.

If you need someone who speaks Spanish, contact the NYS OTDA Hotline at 1-800-342-3009.

OTHER PROGRAMS YOU MAY BE ELIGIBLE FOR:

WEATHERIZATION ASSISTANCE

You may also be eligible for weatherization assistance programs through NYS Homes and Community Renewal (HCR) or the New York State Energy Research and Development Authority (NYSERDA). A list of local weatherization sub-grantee contacts can be found at: <http://hcr.ny.gov/weatherization-providers>. For more information on available NYSEDA energy services, visit <http://www.nyserda.ny.gov>. Your signature on the HEAP application allows a referral and exchange of information to be made to the weatherization assistance programs on your behalf.

UTILITY LOW INCOME PROGRAM

You may also be eligible to enroll in your utility company's low income program. Your signature on the HEAP application allows a referral to be made to your utility company on your behalf.

TYPES OF ACCEPTABLE DOCUMENTATION

RESIDENCE (Where you now live)

- Current rent receipt with name and address of tenant and landlord or lease with name and address
- Water, sewage, or tax bill
- Homeowner's/Renter's Insurance Policy
- Utility bill
- Mortgage payment books/receipts with address

IDENTITY

You must provide one or more of the following for each person in your household:

- Driver's License
- Photo ID
- US Passport or Naturalization Certificate
- Birth Certificate or Baptismal Certificate*
- Validated Social Security Number*
- Adoption Papers
- Hospital or Doctor's Records
- School Records
- Statement from another person*

***Two forms of proof required.**

SOCIAL SECURITY NUMBER

You must provide a valid Social Security Number for each member of your household. If you or a member of your household does not have a Social Security Number, you must apply for one at the Social Security Administration.

VULNERABILITY

You must provide one of the following for proof of vulnerability for a vulnerable member of your household (children under 6 years of age, adults 60 years of age or older, or anyone with a disability):

- Birth certificate
- Baptismal certificate with date of birth
- SSA Award letter
- Passport
- Driver's license
- Written statement of eligibility for benefits

HEATING SITUATION

If you pay a fuel or utility bill, provide a copy of your most recent fuel/utility bill or a statement from your vendor.

If you do not pay for heat, provide a current rent receipt with name and address of tenant and landlord, lease with name and address, or statement from your landlord that indicates heat is included in your rent.

INCOME

- Pay stubs for the most recent four (4) weeks
- If self-employed, business records for the most recent three (3) months or your filed federal tax return for the current year, including all applicable schedules.
- Rental income/expenses for previous three (3) months or your filed federal tax return for the current year, including all applicable schedules.
- Child support or alimony/spousal support
- Interest/Bank/Dividend or Tax Statement
- Statement from roomer/boarder

COPY OF AWARD LETTER OR OFFICIAL CORRESPONDANCE FOR THE FOLLOWING:

- Social Security/Supplemental Security Income (SSI)
- Veteran's Benefits
- Pensions
- Worker's Compensation/Disability
- Unemployment Insurance Benefits

RESOURCES (For emergency benefit applications only)

- Cash
- Stocks/bonds
- Checking, savings, and/or CD account balances
- Annuity
- IRA accounts
- Lump sums from sale of property or insurance settlements.

Applications for Heating Equipment Repair and Replacement require additional documentation. If you are applying for this component, you will be given a separate list of documentation you need to provide.



NYS Agency-Based Voter Registration Form

"If you are not registered to vote where you live now, would you like to apply to register here today?"

- ☐ **YES** If you checked **YES**, please complete the **VOTER REGISTRATION APPLICATION** below
- ☐ **NO** because I choose not to register **OR**
- ☐ I am already registered at my current address **OR**
- ☐ I asked for and received a mail registration form

If you do not check any box, you will be considered to have decided not to register to vote at this time.

Signature

Date

Please Print Name

Important!

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料: 若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 한국어 양식을 원하시면 1-800-367-8683

으로 전화 하십시오.

যদিআপনিএইফর্মটিংরেজীতেপূরণকরুন

নম্বরে ফোন করুন

VOTER REGISTRATION APPLICATION (instructions on back)

☐ Yes, I need an application for an Absentee Ballot

Please print or type in blue or black ink

☐ Yes, I would like to be an Election Day worker

1	Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered NO , do not complete this form		2	A) Will you be 18 years old on or before election day? <input type="checkbox"/> YES <input type="checkbox"/> NO B) Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered NO to both of the prior questions, you cannot register to vote.		For Board Use Only	
3	Last Name		First Name	Middle Initial	Suffix		
4	Address where you live (do not give P.O. box)		Apt. No.	City/Town/Village	Zip Code	County	
5	Address where you get your mail (if different than above)		P.O. Box, Star Route, etc.	Post Office	Zip Code		
6	Date of Birth	7	Gender (optional)	8	Telephone (optional)	Email (optional)	
10	The last year you voted		Your address was (give house number, street and city)		9	ID Number (Check the applicable box and provide your number) <input type="checkbox"/> New York State DMV number — — — — — <input type="checkbox"/> Last four digits of your Social Security number — — — — <input type="checkbox"/> I do not have a New York State DMV or Social Security number	
	In county/state		Under the name (if different from your name now)				
11	Political Party I wish to enroll in a political party <input type="checkbox"/> Democratic party <input type="checkbox"/> Libertarian party <input type="checkbox"/> Republican party <input type="checkbox"/> Independence party <input type="checkbox"/> Conservative party <input type="checkbox"/> SAM party <input type="checkbox"/> Working Families party <input type="checkbox"/> Other _____ <input type="checkbox"/> Green party I do not wish to enroll in any political party and wish to be an independent voter <input type="checkbox"/> No party					12	Affidavit: I swear or affirm that <ul style="list-style-type: none"> I am a citizen of the United States. I will have lived in the county, city or village for at least 30 days before the election. I will meet all requirements to register to vote in New York State. This is my signature or mark on the line below. The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years.
					Signature or Mark in ink _____ Date _____		

(Optional) Register to donate your organs and tissues

Last Name		
First Name	Middle Initial	Suffix
Address		
Apt Number	City/Town/Village	Zip Code
Birth Date	Gender	
	<input type="checkbox"/> M <input type="checkbox"/> F	
Eye Color	Height	
	Ft. In.	
Email	DMV or ID NYC Number	

By signing below, you certify that you are:

- 16 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to NYS Donate Life Registry for enrollment;
- And authorizing the Registry to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health hospitals upon your death.



Signature

Date

Qualifications for Registration

Important!

You Can Use This Form To:

- register to vote in New York State;
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment;
- pre-register to vote if you are 16 or 17 years of age.

To Register You Must:

- be a U.S. citizen;
- be 18 years old (you may pre-register at 16 or 17 but cannot vote until you are 18);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in prison or on parole for a felony conviction (unless parole pardoned or restored rights of citizenship);
- not claim the right to vote elsewhere; and
- not found to be incompetent by a court.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

NYS Board of Elections

40 North Pearl St, Suite 5

Albany, NY 12207-2729

Telephone: 1-800-469-6872;

TDD/TTY users contact the New York State Relay at 711;

or visit our web site - www.elections.ny.gov

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

Verifying your identity

We will try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you will fill in Box 9.

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

To complete this form:

It is a crime to procure a false registration or to furnish false information to the Board of Elections.

Box 9: You must make one selection. For questions refer to Verifying your identity above.

Box 10: If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".

Box 11: Check one box only. Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.



Date: _____
Case Number: _____
Case Name: _____
Center: _____
Center
Telephone Number: _____

**Notice of Determination Regarding Your Request for a Utility
(Natural Gas, Utility Heat, Lights, Electricity) Arrears Payment
(For Active Cases Only)**

Based on your _____ request for a utility grant to prevent a shut-off or to restore a utility service:

- ☐ Your household is eligible for a Home Energy Assistance Program (HEAP) Grant. Your utility company has been notified that they will receive this benefit on your behalf. They will keep your utility service on for 30 days from the day we notified them. You will receive a notice from HEAP with the amount of the payment.

- ☐ Your request has been denied because:

The LAW(S) AND/OR REGULATIONS which allow us to do this _____

Note: If you are getting Cash Assistance and your request for more help is denied, your ongoing Cash Assistance case will not be affected.

- ☐ A payment will be made by HRA in the amount of _____ to your utility service provider _____, Account Number _____.

Will I Have to Pay This Back? (Recoupment Determination):

- ☐ This payment does not have to be paid back. We will not take any money from your Cash Assistance grant to recover this payment.
- ☐ This payment must be paid back because you did not pay your utility bills, fuel bills, rent or mortgage with the amount of the cash benefits you get for these purposes. As a result, we will take money from your future Cash Assistance benefits to repay the amount above that you asked to be paid to your utility service provider to prevent a utility shut off or restore utility service. This is called a recoupment.

The criteria that allows us to take money from your future Cash Assistance benefits is explained in the Notice of Intent to Recoup Utility Grant (**M-858x**) that we will send you. That Notice will have the amount that will be taken from your future cash benefits and the rate it will be taken out of your benefits. The notice will also explain how you can challenge (1) our decision that you did not use your cash grant to pay towards your utility or fuel bills or rent/mortgage, (2) the amount to be taken, and (3) the rate it will be taken.

See next page



Will My Regular Cash Benefit Change? (Restriction Determination):

- ☐ We intend to pay the energy allowance portion of your grant directly to the utility service provider on your account. The amount of the energy allowance depends on your Cash Assistance household size and is shown in the chart provided. This direct payment to your utility company is called a restriction. The reason for this is that you failed to pay your utility bills, fuel bills, rent and/or mortgage with that portion of your cash grant that you get for these purposes. While your Cash Assistance case is open, the Agency will pay your entire utility bill, including any amount over the energy allowance portion of your grant. The amount HRA pays your utility service provider which exceeds the portion of your grant intended for your utility service will be taken from your future cash benefits until that amount is paid back.

We will send you a Notice of Intent to Restrict Home Energy Allowance (**M-858c**), which will specify the amount to be restricted. This notice will also explain how you can challenge the restriction decision if you disagree with it and inform you of your rights to a Fair Hearing.

- ☐ The energy allowance portion of your grant will not be restricted at this time. You must continue to pay your utility bills.

Worker's Name/Date

Supervisor's Name/Date

SAMPLE

Note: Regulations require that you immediately notify this department of any changes in needs, income, resources, living arrangements or address.

**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.**

See next page



Conference and Fair Hearing Information

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 with us). To do this, call the Fair Hearing and Conference (FH&C) unit phone number on **page 1** of this notice 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 ask for a conference, you are still entitled to a Fair Hearing.

STATE FAIR HEARING

Deadline: If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for Cash Assistance, medical assistance, or social services issues; and you must ask within ninety (90) days for Supplemental Nutrition Assistance Program (SNAP) issues

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.

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, in writing, fax, in person or online.

(1) TELEPHONE: Call **(800) 342-3334**. (Please have this notice in hand when you call.)

(2) WRITE: Send a copy (and keep a copy for yourself) of this 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

(3) FAX: Fax a copy of this entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735**.

(4) 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: **14 Boerum Place, Brooklyn NY 11201**

(5) ONLINE: Complete an online request form at:
<http://www.otda.state.ny.us/oah/forms.asp>

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 witnesses 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: pay stubs, leases, receipts, bills and/or doctor's statements, 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.

See next page



If you have a disability, and cannot travel, you may appear through a representative such as a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed

LEGAL ASSISTANCE: If you need free legal assistance, 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) 722-5012**, fax **(718) 722-5018** or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. 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.

AVAILABILITY OF POLICY MATERIALS: The Office of Temporary and Disability Assistance (OTDA) policy issuances 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. OTDA policy issuances and manuals are posted on the OTDA website at <http://www.otda.ny.gov/legal>. In addition, upon request to HRA, specific OTDA and HRA policy issuances and manuals are also available to explain how the agency reached its determination. 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, 14 Boerum Place, Brooklyn, NY 11201**.

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 or write to us at the phone number/address listed on **page 1** of this notice.

FAIR HEARING REQUEST

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

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

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____



Home Energy Assistance Program (HEAP) Notice of Eligibility Decision – Approval

DATE	HRA/HOME ENERGY ASSISTANCE PROGRAM POST OFFICE BOX NO. 1401 CHURCH STREET STATION NEW YORK, NY 10008
CASE NUMBER	
CASE NAME (And C/O Name if Present) AND ADDRESS	

ACTION TAKEN: Your household has been approved for the following Home Energy Assistance Program (HEAP) Benefit:

- ☐ Regular HEAP Benefits. Amount \$ _____
- ☐ Heater (You pay for heat separately from your rent.)
Your type of fuel is _____.
Your income is \$ _____. This puts you in ☐ Tier 1 ☐ Tier 2
You have a vulnerable member of your household. ☐ Yes ☐ No
- ☐ Heat is included in your rent and you do not pay for heat separately from your rent.
Your income is \$ _____. This puts you in ☐ Tier 1 ☐ Tier 2
- ☐ You reside in subsidized housing or a congregate care facility and have been determined to incur minimal costs for heating.
- ☐ Your household has been approved for the following Home Energy Assistance Program (HEAP) Benefit: for the _____ program year. \$ _____ has been authorized for a HEAP annual heat included benefit.

This benefit is a one-time supplement to assist you in meeting your annual heating costs or as a supplement to your indirect energy costs because you pay rent which includes heating costs. If you pay a vendor directly for heat or utilities, this payment is not intended to replace your personal payments and you must continue to pay your bills.

☐ Emergency HEAP Benefits of:

\$ _____ to prevent shut off or restore natural gas or electric service to heat your home or to operate your primary heating equipment.

(Turn Page)

\$ _____ to obtain non-utility fuel for heating.

\$ _____ to repair or replace primary heating equipment.

\$ _____ to provide temporary relocation or emergency shelter because your household is facing an emergency home heating situation that is believed by HRA to be dangerous to the health or safety of household members.

\$ _____ A propane deposit to obtain a new vendor.

☐ Cooling HEAP Benefits

Amount: \$ _____

This is a one-time benefit for the purchase and installation of an air conditioner.

☐ Clean and Tune HEAP Benefits

Amount: \$ _____

☐ You have been determined eligible for HEAP benefits but we are unable to provide a benefit at this time due to a lack of federal funds. If federal funds become available, and a benefit will be issued, you will be notified of your benefit amount.

HOW WILL MY HEAP BENEFITS BE ISSUED?

PLEASE NOTE: BENEFITS WILL NOT BE ISSUED BEFORE THE HEAP PROGRAM OPENS AND NOT UNTIL FEDERAL FUNDS ARE AVAILABLE.

☐ Your benefit will be sent directly to _____ for account number _____.

Allow at least 90 days for the vendor to credit your account. Credits will not be given to you in cash.

☐ Your benefit will be issued to you electronically since you are in receipt of Supplemental Nutrition Assistance Program (SNAP) or Cash Assistance.

Please see the "Information Section" of this notice on how to access your HEAP benefit.

(Turn Page)

HOW WILL MY HEAP BENEFITS BE ISSUED? (continued)

PLEASE NOTE: BENEFITS WILL NOT BE ISSUED BEFORE THE HEAP PROGRAM OPENS AND NOT UNTIL FEDERAL FUNDS ARE AVAILABLE.

- ☐ Your benefit will be issued as a check to you.
- ☐ Your benefit will be issued to you as a two party check and will be mailed
☐ to you ☐ to your vendor _____.
- The check must be signed by both you and your vendor and will be applied to your account. No cash refunds are permitted.

PLEASE NOTE: Checks that expire may only be reissued if the request is made by September 30th of the HEAP program year for which the benefit was issued.

HOW IS MY HEAP BENEFIT CALCULATED?

If your heat is included in your rent, your regular HEAP benefit is based on your household's gross monthly income.

If you pay for heat directly, your regular HEAP benefit is based on the following factors:

- Your household's gross monthly income.
- The presence of an individual who is under age 6, age 60 or older, or disabled.
- Primary heating source type.

Emergency HEAP benefits are calculated based on the following factors:

- The type of emergency situation.
- The number of people in your household.
- Your household's gross monthly income and income level.
- Primary heating source type.

The information in the following pages explains in more detail how your specific HEAP benefit has been decided.

This decision is based on New York Social Services Law § 97, 18 N.Y.C.R.R. Part 393, and the current NYS 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/>.

Table 1:
INCOME ELIGIBILITY GUIDELINES

Household Size	Tier I	Tier II
1	\$0 – \$1,395	\$1,396 – \$2,729
2	\$0 – \$1,887	\$1,888 – \$3,569
3	\$0 – \$2,379	\$2,380 – \$4,409
4	\$0 – \$2,871	\$2,872 – \$5,249
5	\$0 – \$3,363	\$3,364 – \$6,088
6	\$0 – \$3,855	\$3,856 – \$6,928
7	\$0 – \$4,346	\$4,347 – \$7,086
8	\$0 – \$4,838	\$4,839 – \$7,243
9	\$0 – \$5,330	\$5,331 – \$7,401
10	\$0 – \$5,822	\$5,823 – \$7,558
11	\$0 – \$6,314	\$6,315 – \$7,715
12	\$0 – \$6,806	\$6,807 – \$7,873
13	\$0 – \$7,297	\$7,298 – \$8,420
13+	+\$492 **	+\$568 **

Households that pay separately for heat (heater households) and are within the Tier I income guideline have a fixed \$41 HEAP supplement added to their HEAP benefit amount.

Table 2
REGULAR HEAP BENEFIT

PRIMARY HEAT SOURCE TYPE BASE BENEFIT AMOUNT	HEAP SUPPLEMENT The following amounts are added to the base benefit, if applicable
DELIVERABLE FUELS (Oil, Kerosene, Propane) \$675	+ \$41 for Tier I Household + \$35 for Vulnerable Person in Household
UTILITIES (Natural Gas, PSC Regulated Utilities) \$350	
MUNICIPAL ELECTRIC HEAT \$350	
DELIVERABLE FUELS (Wood, Pellets, Coal, Corn) \$525	

(Turn Page)

Home Energy Assistance Program (HEAP) Heating Calculation Worksheet – Regular HEAP

Applicant's Name: _____ Reference Number: _____ Date: _____

Enter Amounts

1. Main Heating Source Type

Your household's main heat type is: _____ \$ _____

2. Vulnerable member of your Household.

Your household contains someone:

☐ Under age 6 ☐ Age 60 or older ☐ Disabled

☐ None of the above \$ _____

3. Income Tier

Monthly Income: \$ _____ Household Size: _____

Income Tier: _____ \$ _____

Note: The \$ _____ HEAP supplement applies to Tier I

4. Add Lines 1, 2, and 3

\$ _____

5. Prior Regular HEAP benefit received in current HEAP program year, if any

\$ _____

6. Subtract Line 5 from line 4

Total Benefit \$ _____

(Turn Page)

Emergency HEAP Benefit Amounts

Emergency Situation (Fuel Type)	
PSC Heat Related Domestic Only	\$140
Natural Gas Heat Only	\$350
Natural Gas Combined with Heat Related Domestic	\$490
Electric Heat	\$490
Wood, Pellets, Coal, Corn	\$525
Non-Utility Heating (oil, kerosene and propane)	\$675

NOTE:

The Emergency HEAP benefit amounts, listed in the table above, are set forth in the current New York State HEAP Plan. Pursuant to the current New York State HEAP Plan, the New York State Office of Temporary and Disability Assistance may change the Emergency HEAP eligibility criteria and/or the Emergency HEAP benefit amount based on the availability of funds. For the most current information on the HEAP Program please refer to the New York State Office of Temporary and Disability Assistance website at:

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

INFORMATION SECTION

HEAT INCLUDED BENEFIT ISSUED ON AN EBT CARD: Your benefit may be issued electronically if you are in receipt of Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance (TA). You can access your benefit using your EBT (Electronic Benefit Transfer) card and PIN number. You will receive your benefit when you access your cash account AFTER the HEAP funds become available.

You may check your cash account balance by calling the toll-free number at 1-888-328-6399. The HEAP benefit will automatically expire 90 days from the date of issuance and can only be re-issued if the request is made by September 30th of the HEAP program year for which the benefit was issued.

HEATER BENEFITS: Any HEAP benefit you are eligible for is paid directly to your vendor. Funds remain on your account until used up. Funds paid directly to a vendor not expended within 24 months of receipt by your vendor will be returned to NYS and will not be re-issued or cashed out. HEAP funds will not be cashed to you for any reason. Your benefit is for your household's use only. Unspent funds are not issued to estates. Fuel purchased with HEAP funds may not be resold. Vendor funds may be re-issued to another vendor if you change vendors.

You may be referred for weatherization assistance or to your utility company's low income program. You may be contacted by the weatherization provider and/or your utility company about these services. You are not obligated to accept these services.

You may also be eligible for food assistance. Check your eligibility and apply for SNAP at <https://a069-access.nyc.gov/accesshra/>.

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 **(212) 331-3126** 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://otda.ny.gov/oah/>

(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 the 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 **14 Boerum Place, Brooklyn NY 11201**.

(Turn Page)

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 (212) 331-3126, (718) 557-1399, fax (212) 620-5063 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, 14 Boerum Place, Brooklyn, New York 11201**.

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: _____



The City of New York
Human Resources Administration
Home Energy Assistance Program
Post Office Box 1401 – Church Street Station
New York, New York 10008

FIA-1230b (E) (LDSS-3494B) 07/13/2021 (page 1 of 5) LLF

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:

SAMPLE

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
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(Turn Page)

INCOME ELIGIBILITY GUIDELINES

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FAIR HEARING REQUEST

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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: _____

First Name

M.I.

Last Name

Case Number: _____

Center: _____

Address: _____

Telephone: _____

Street

Apartment

City

State

Zip Code

Signature: _____

Date: _____



Department of
Social Services
Human Resources Administration
Department of Homeless Services

Family Independence
Administration

FIA-1230d (E) 09/27/2021 LLF

The City of New York
Human Resources Administration
Home Energy Assistance Program
Post Office Box 1401 – Church Street Station
New York, New York 10008

Date: _____

Case Number: _____

Case Type: _____

Home Energy Assistance Program (HEAP) Regular Arrears Supplement Outreach

Dear Recipient,

The New York State Office of Temporary and Disability Assistance (OTDA) has Home Energy Assistance Program (HEAP) funding available to help eligible households pay past-due arrears for natural gas and/or electric utility accounts. Payments are made directly to an eligible household's utility company.

Households may apply for HEAP Regular Arrears Supplement (RAS) benefits through the Human Resources Administration (HRA) / Department of Social Services (DSS). Benefits are provided to eligible applicants on a first come first served basis through September 30, 2022 or until funds are no longer available. Call the HEAP Infoline at 800-692-0557 if you have questions about HEAP or 212-331-3126 for operator assistance.

For additional information about HEAP, please visit OTDA's website at <http://otda.ny.gov/programs/heap/> and ACCESS NYC's website at <https://access.nyc.gov/programs/home-energy-assistance-program-heap/>.

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.



Date: _____
Case Number: _____
Case Name: _____
Caseload: _____
Worker Name: _____
Worker
Telephone Number: _____
FH&C
Telephone Number: _____

Notice of Decision on Assistance to Meet an Immediate Need or Emergency Grant (For Applicants Only)

You asked for help to meet an immediate need. This notice is about that request. If you also applied for ongoing Cash Assistance, this notice is not about that application. You will get a separate notice about your application for ongoing Cash Assistance.

Note about recent Cash Assistance denials: If you fail to comply with eligibility requirements, your application for ongoing Cash Assistance may be denied. If it is denied for failing to comply, and you reapply for an immediate needs/emergency grant for food or items relating to personal care within 90 days of the denial, we may deny your request. If you can prove that you had a good reason why you did not comply, we may approve a second request, even if it is within 90 days of the denial.

What You Asked For

On _____, you requested assistance to meet an immediate need of:

☐ This is a follow up to our notice dated . _____

(Turn Page)

Decision On Your Request

Approval

- ☐ You can pick up an emergency grant in the amount of \$ _____ on _____.
(Date)
- ☐ This grant is being issued before a review of your case is made.
- ☐ An emergency grant (one-shot deal) has been provided in the amount of \$ _____ for
_____.
_____.
- ☐ A Goodwill Voucher has been provided in the amount of \$ _____ for _____ on
_____.
(Date)

You Must Pay Us Back

- ☐ You are responsible for repaying \$ _____ as shown below:
- ☐ This amount must be repaid to us based on the agreement to repay that you
signed on _____.
(Date)
- ☐ You must repay the amount shown above because it is more than the
Human Resources Administration (HRA) shelter maximum of \$ _____ for your
family size of _____ for each month of arrears that HRA agreed to pay. However,
please note that if you own real property and HRA has filed a lien, you will still be
responsible to repay the full amount of your emergency grant. In addition, recovery of
the full amount paid by HRA may occur under other provisions of law (e.g., lawsuit
settlements, lottery intercept, etc.).

(Turn Page)

Decision On Your Request

Denial

Food-related Immediate Need

- ☐ You failed to establish/document identity.
- ☐ You have excess resources.
- ☐ You do not have an eligible non-citizen status.
- ☐ You got an immediate needs grant in the past 90 days and then failed to comply with eligibility requirements.
- ☐ You were given same-day Supplemental Nutrition Assistance Program (SNAP) benefits.
- ☐ Other reason for denial (please specify):

Nonfood-related Immediate Need

- ☐ You failed to establish/document identity.
- ☐ You have excess resources.
- ☐ You do not have an eligible non-citizen status.
- ☐ You got an immediate needs grant in the past 90 days and then failed to comply with eligibility requirements.
- ☐ You applied for Cash Assistance on _____ (within the last three months).
(Date)

You were given the benefit checked below, and you failed to comply with the eligibility requirements. You did not prove that you had a good reason for failing to comply.

- ☐ Immediate need(s) grant(s)
- ☐ Goodwill Voucher(s)
- ☐ Other grants (please specify):

The regulations that allow us to do this are 18 NYCRR § 351.1, § 351.8, and § 352.7.

- ☐ Other:

(Turn Page)

Other Action

☐ Other action taken on your application:

☐ Your request is not an immediate need.

Medical Assistance

- ☐ If you need help with your medical bills, you must apply separately for Medical Assistance.
- ☐ If you want more information about eligibility for Medical Assistance, call the Worker's telephone number listed on **page 1**.
- ☐ Your Medical Assistance stays the same.
- ☐ Your application for Medical Assistance is being reviewed. We will send you our decision within 30 days.

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.

SAMPLE

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

Conference and Fair Hearing Information

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 with us). To do this, call the Fair Hearing and Conference (FH&C) unit phone number on **page 1** of this notice 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 ask for a conference, you are still entitled to a Fair Hearing.

STATE FAIR HEARING

Deadline: If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for Cash Assistance, medical assistance, or social services issues; and you must ask within ninety (90) days for Supplemental Nutrition Assistance Program (SNAP) issues.

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.

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, in writing, fax, in person or online.

(1) TELEPHONE: Call **(800) 342-3334**. (Please have this notice in hand when you call.)

(2) WRITE: Send a copy (and keep a copy for yourself) of this 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**

(3) FAX: Fax a copy of this entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735**.

(4) 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: **14 Boerum Place, Brooklyn NY 11201**

(5) ONLINE: Complete an online request form at:
<http://www.otda.state.ny.us/oah/forms.asp>

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 witnesses 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: pay stubs, leases, receipts, bills and/or doctor's statements, 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.

If you have a disability, and cannot travel, you may appear through a representative such as a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

LEGAL ASSISTANCE: If you need free legal assistance, 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) 722-5012**, fax **(718) 722-5018** or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. 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.

AVAILABILITY OF POLICY MATERIALS: The Office of Temporary and Disability Assistance (OTDA) policy issuances 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. OTDA policy issuances and manuals are posted on the OTDA website at <http://www.otda.ny.gov/legal>. In addition, upon request to HRA, specific OTDA and HRA policy issuances and manuals are also available to explain how the agency reached its determination. 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, 14 Boerum Place, Brooklyn, NY 11201**.

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 or write to us at the phone number/address listed on **page 1** of this notice.

FAIR HEARING REQUEST

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

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

Address: _____ Telephone: _____
City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

SAMPLE

(Turn page)

New York State Emergency Rental Assistance Program (ERAP)

To find out if HRA can help with your rental assistance needs, the State requires that you apply for ERAP and have a decision on your ERAP application.

Any arrears paid by ERAP do not have to be paid back!

To apply for ERAP visit www.otda.ny.gov/erap. You can also apply over the phone by calling **1-844-NY1-RENT (1-844-691-7368)**. If you need assistance with submitting an ERAP application, visit <http://nyc.gov/erap> for a list of Community Based Organizations that can help. Once a decision is made on your ERAP application, if you still need help, you can always come back to HRA for assistance. Visit www.nyc.gov/accesshra to resubmit a Special Grant Request.

Funding is currently available through ERAP for New York City households who are behind in their rent. Eligible low and moderate-income households can get up to 12 months of their back rent paid, along with 3 months of future rent and other assistance.

Residents of New York City are eligible if they:

- Fell behind in rent since the COVID-19 pandemic began in March 2020 **AND**
- Qualified for unemployment benefits or have lost income and/or have an increase in expenses due to the COVID-19 pandemic; **AND**
- Have a monthly gross (before tax) household income at or under 80% of the Area Median Income (AMI).

Gross Annual Income Limits	
Household Size	At or Under 80% AMI
1	\$66,850
2	\$76,400
3	\$85,950
4	\$95,450
5	\$103,100
6	\$110,750
7	\$118,400
8	\$126,000