



OFFICE OF POLICY, PROCEDURES, AND TRAINING

POLICY BULLETIN #23-08-OPE

ACCESS HRA EXPANSION TO INCLUDE REGULAR HOME ENERGY ASSISTANCE PROGRAM

Date: February 14, 2023	Subtopic(s): ACCESS HRA, HEAP
	<p>The purpose of this policy bulletin is to inform Benefits Access Center (BAC), Non-Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Center, HIV/AIDS Services Administration (HASA), and Home Energy Assistance Program (HEAP) staff of the expansion of ACCESS HRA (AHRA) to encompass the Regular HEAP benefit beginning on February 13, 2023. This policy bulletin is informational for all other staff.</p> <p>HEAP provides grants to assist low-income families and individuals who pay separately for heat and/or heat-related utility service, and households whose heating costs are paid through rent. HEAP is designed to target those who are more susceptible to temperature changes, such as children, the elderly, and vulnerable individuals.</p> <p>Individuals in a HEAP household are considered vulnerable if they are under age 6, are age 60 or older, or are permanently disabled. These individuals could be receiving certain types of benefits (e.g., Supplemental Security Income [SSI], Supplemental Security Disability Insurance [SSDI]).</p> <p><u>Regular HEAP Benefit Background Information</u></p> <p>The Regular HEAP benefit is available for a household each program year. The benefit received is calculated based on fuel type, income, and household composition. An adult household member must be listed as the applicant on the HEAP Application (LDSS-3421).</p> <p>The HEAP Application (LDSS-3421) is used to apply for HEAP benefits. The application date is the date that the signed and dated HEAP Application (LDSS-3421) is submitted to HRA.</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

An interview is required for new applicants for the Regular HEAP benefit and can be completed over the telephone or in-person at a [HRA Benefits Access Center](#). No interview is required for returning applicants for the Regular HEAP benefit. Interviews must be conducted within ten business days of the application date. If an applicant does not complete their interview, the application is denied.

HEAP Household Members

Certain household members must be included on the HEAP application and in the household count:

- spouses
- parents
- children under age 21
- siblings
- stepparents and stepsiblings
- grandparents and grandchildren
- dependent and independent students
- individuals living in the dwelling who contribute in any way to upkeep (regardless on income or bills in their name).

Any individuals residing in the dwelling and related by blood, marriage, or adoption to any other person residing in the household is presumed to be a household member and must be included in the household unless refuted by the applicant in writing.

Living and Heating Arrangements

To be eligible for HEAP, applicants must either pay directly for heat or pay for heat that is included in the rent. Applicants must also live in the following eligible living arrangements:

- being a tenant of a private residence
- owning a home
- living in a commercial boarding house, Young Men's Christian Association (YMCA), Young Women's Christian Association (YWCA).

Citizenship

In addition to the other eligibility factors, individuals receiving HEAP must also meet criteria for citizenship. United States Citizens and qualified non-citizens may be eligible for HEAP. Qualified non-citizens can be eligible for HEAP if they meet certain criteria.

New Applicants Applying for the Regular HEAP Benefit on AHRA

New applicants applying for Regular HEAP benefits on AHRA must fill out the following required fields:

Applicant Details

- First Name
- Last Name
- Date of Birth
- Sex
- Have you ever had a different first or last name?
- Social Security Number (If the applicant has a valid SSN)
- Have you ever applied for a HEAP benefit?

Note: A Social Security Number (SSN) is not a requirement to apply for HEAP. For applicants that do not have an SSN, they will check the box that states, "I do not have a Social Security Number or have applied for a Social Security Number".

Household members that do not have a valid SSN, and have not applied for one, are not considered household members and must not be included in the household count. Any source of income they have must be included when determining eligibility. Remaining household members may have their application processed if they are otherwise eligible. Refusal to provide a valid SSN for any household member that has one will result in a denial. A household that contains no household members with a valid SSN will result in a denial.

Social Security Number

Social Security Number: Required

A social security number is not a requirement to apply for HEAR. If you have a social security number, type it below or if you do not have a social security number, check the box below.

I do not have a Social Security Number or have applied for a Social Security Number.

Household

- What is your housing type?
- When did you start living at this residence?
- Is this address your primary residence?
- Residence address confirmation
- Mailing address confirmation
- Primary phone number
- Is <name> a citizen, a non-citizen national, or a qualified alien?
- Is <name> a person who is blind or has a disability?
- Does <name> already get Supplemental Nutrition Assistance Program (SNAP) benefits or have they recently applied?
- Does <name> already get Cash Assistance (CA) benefits or have they recently applied?
- Is <name> still a member of this household?
- Is there anyone else in your household?

Income

- Is anyone in your household currently earning income from a job?
- Who worked at this job?
- Tell us more about this job.
- Do you have any other jobs to add for your household?
- Does anyone in your household have any rental income to report?
- Who is getting the income that you would like to report?
- How many months of rental income are you reporting? You can report the total income for 3 months or for 12 months.
- Total rental amount (before taxes and deductions)
- Type of rental
- Do you have any other rental income to add for your household?

- Does anyone in your household have any other income to report?
- Who is getting the income that you would like to report?
- What type of income do they get?
- Do you have any more other income to add for your household?

Interest & Investment Income

- Does anyone in your household get income from interest, dividends, or a distribution?
- Who gets this income?
- What type of income do they get?
- Do you have any other income to add for your household?

Expenses

- Which of these options best describes your heat and electricity bills?
- What do you mostly use to heat your household?
- Is the heating bill in your name?
- Are you the person who pays this bill?
- Is the electric bill in your name?
- Utility company name
- Do you need electricity to run your furnace?
- Do you need electricity to use your thermostat?
- How much do you pay each month for your rent or mortgage?

Returning Applicants Applying for the Regular HEAP Benefit on AHRA

Returning applicants applying for Regular HEAP benefits on AHRA will have the following fields pre-populated:

Applicant Details

- First Name
- Last Name
- Date of Birth
- Sex
- Primary phone number
- Is <name> a citizen, a non-citizen national, or a qualified alien?
- Is <name> a person who is blind or has a disability?
- Does <name> already get Supplemental Nutrition Assistance Program (SNAP) benefits or have they recently applied?
- Does <name> already get Cash Assistance (CA) benefits or have they recently applied?

Returning applicants applying for Regular HEAP benefits on AHRA must fill out the following required fields:

Applicant Details

- Have you ever had a different first or last name?
- Social Security Number (If the applicant has a valid SSN)
- Have you ever applied for a HEAP benefit?

Household

- What is your housing type?
- Residence address confirmation
- Mailing address confirmation
- Is <name> a veteran?
- Is <name> a dependent who is a full-time high school or college student?
- Is <name> still a member of this household?
- What is <name>'s relationship to you?
- Is there anyone else in your household?

Income

- Is anyone in your household currently earning income from a job?
- Who worked at this job?
- Tell us more about this job.
- Do you have any other jobs to add for your household?
- Does anyone in your household have any rental income to report?
- Who is getting the income that you would like to report?
- How many months of rental income are you reporting? You can report the total income for 3 months or for 12 months.
- Total rental amount (before taxes and deductions)
- Type of rental
- Do you have any other rental income to add for your household?
- Does anyone in your household have any other income to report?
- Who is getting the income that you would like to report?
- What type of income do they get?
- Do you have any more other income to add for your household?

Interest & Investment Income

- Does anyone in your household get income from interest, dividends, or a distribution?
- Who gets this income?
- What type of income do they get?
- Do you have any other income to add for your household?

Expenses

- Which of these options best describes your heat and electricity bills?
- What do you mostly use to heat your household?
- Is the heating bill in your name?
- Are you the person who pays this bill?
- Heating or Electric or Fuel Company Name
- Is the electric bill in your name?
- Utility company name
- Do you need electricity to run your furnace?
- Do you need electricity to use your thermostat?
- How much do you pay each month for your rent or mortgage?

Refer to **Attachment A** for further information and screenshots.

Suggested Documentation

Applicants will be shown the suggested documentation that need to be submitted.

Proof Of	For	Suggested Documents
Residence	John (2/2/1900)	<input type="checkbox"/> Current lease or your last rent receipt with your residence address and the name of your landlord <input type="checkbox"/> Water, sewage, or tax bill that shows your current residence address <input type="checkbox"/> Homeowner's or renter's insurance policy that shows your current residence address
Identity	John (2/2/1900) Tom (2/5/2015)	<input type="checkbox"/> Photo I.D. or Driver's License <input type="checkbox"/> U.S. passport or Naturalization Certificate <input type="checkbox"/> Adoption papers <input type="checkbox"/> Hospital or Doctor's records <input type="checkbox"/> School records <input type="checkbox"/> Birth Certificate or Baptismal Certificate* <input type="checkbox"/> Validated Social Security Number** <input type="checkbox"/> Statement from another person**
Income	John (2/2/1900)	<input type="checkbox"/> Pay stubs from the last four (4) weeks
Low on Fuel	John (2/2/1900)	<input type="checkbox"/> Letter from the vendor stating low on fuel
Utility or Fuel Shutoff	John (2/2/1900)	<input type="checkbox"/> Notice from the Utility Company that the household's utility has been shutoff <input type="checkbox"/> Notice from the Utility Company that the household's utility will be shutoff <input type="checkbox"/> Letter from fuel-oil vendor

The following documentation are required for new applicants for Regular HEAP benefits:

- Residence
- Identity of each household member
- Household income
- Vendor relationship
- Proof of vulnerability must be provided, if applicable.

Returning applicants for Regular HEAP benefits only need to document any changes in the following:

- Household composition
- Living arrangements
- Heating source (in the same address)
- Earned/Unearned income source(s)
- Change in homeowner status (e.g., a renter buys a home, or a homeowner sells their home and begins renting).

Note: Applicants (new and returning) may attest to, and are not required to provide documentation for, earned and unearned income under \$20 received in the month of application. This attestation is per source of income.

Returning applicants must document all earned income, whether there has been a change or not. Documentation of unearned income may be required whenever the certifier or district believes there is an additional need for information to certify eligibility or calculate the benefit.

Documentation to be Submitted

Applicants will see a list of required documentation that they must return, which is shown before submitting the application and also on the AHRA next steps page. Documents to be returned will also be shown in the AHRA account.

HEAP applicants will be able to log into the AHRA self-service mobile application to submit documents. Refer to [HRA-PB-2019-008](#) for more information on the AHRA mobile application.

Note: The NYC HRA Document Upload mobile application cannot be used to submit HEAP documents.

Documents can also be returned by mail, fax, or in-person to HEAP, as per usual process.

- **RightFax:** 212-387-1639
- **Mailing Address:**
 HRA/Home Energy Assistance Program
 Post Office Box NO. 1401
 Church Street Station
 New York, NY 10008
- **In Person** at all [HRA Benefits Access Centers](#)

When a Regular HEAP applicant submits documents by mail, fax, or in-person, HEAP staff will scan and index the documents to the HRA One Viewer using SSN, as per usual process.

HEAP Application - Next Steps

1 Application Submitted 2 Return Documents 3 Interview

1 Success! Submitted on 8/5/2021 at 10:42AM
 Confirmation Number: 1004509
 You requested the following HEAP benefit:
 • Regular/Heating

View a copy of your submitted form here. We've sent a copy to your email address if you gave us one.

2 You're not done yet! You must return the documents below.

We may need you to give us more documents after we review your application. We will send you a notice with the full list of documents we need you to give us. This notice will tell you when you need to give us these documents. If you do not give us all these documents by that date, we may deny your application.

Proof Of	For	Suggested Documents
Residence	Jon (3/3/1990)	Current rent receipt with name and address of tenant and landlord Water, sewage, or tax bill Homeowner's/Renter's Insurance Policy Utility bill
Identity	Jon (3/3/1990), Tom (2/2/2015)	Driver's License Photo I.D. US Passport or Naturalization Certificate Adoption Papers Hospital or Doctor's Records School Records
Income from Employment	Jon (3/3/1990)	Pay stubs for the most recent four (4) weeks

Routing of HEAP Regular Benefit Applicants at Personal Computer (PC) Banks

HEAP Regular benefit applicants should be routed from PC banks, including but not limited to the following situations:

- Applicant states they do not want to submit a HEAP Regular benefits application using the [AHRA website](#).
- Applicant is identified as someone who may be struggling to successfully complete the HEAP Regular benefits application on AHRA or using the computer in general without the assistance of a staff member.
- Applicant is having issues with the HEAP Regular benefits application on AHRA.

PC bank staff will issue a Customer Service Information Center (CSIC)-General ticket to the applicant.

At CSIC, staff will provide the applicant with the paper Home Energy Assistance Program Application ([LDSS-3421](#)).

Benefits Access Centers with a HEAP Liaison

CSIC staff will assist the HEAP Regular benefit applicant with the completion of the application and will contact the HEAP Liaison to complete an interview with the applicant in-Center.

If the HEAP Liaison is not available at that time, CSIC will give the completed [LDSS-3421](#) to the HEAP Liaison or place it in the drop box.

Benefits Access Centers without a HEAP Liaison

At Benefits Access Centers with no HEAP Liaison, the PC Bank facilitator assist the applicant to complete the [LDSS-3421](#) application and direct them to the drop box.

SNAP Centers

At SNAP-only Centers and co-located Benefits Access Centers and SNAP Centers with a PC Bank and no HEAP Liaison, the PC Bank facilitator will assist the applicant to complete the HEAP Application ([LDSS-3421](#)) and direct them to the drop box.

HASA Centers

The Front Door Reception (FDR) staff at Benefits Access Center are responsible for routing the applicant to HASA by giving them a ticket through the Front Door Electronic Reception (FRED).

At HASA, the completed HEAP ([LDSS-3421](#)) and required documents are sent by email to Jennifer Lopez and Lillian Barnes. Application packages should not be picked up by the messenger service or be forwarded directly to HEAP Central.

Messenger Responsibilities

Messengers will pick up the HEAP applications from the drop boxes at the HRA Benefits Access Centers. All HEAP applications will end up at HEAP Central.

Effective Immediately

References:

[22-LCM-12](#)
[HEAP Manual](#)

Related Item:

[PD#21-01-ELI](#)
[HRA-PB-2019-008](#)

Attachments:

Attachment A	How to Apply for Regular HEAP on ACCESS HRA
LDSS-3421	Home Energy Assistance Program Application (Rev. 5/22)

HOW TO APPLY FOR REGULAR HEAP ON ACCESS HRA

Below is the ACCESS HRA homepage. Applicants can click on the **Apply Now/Log In** button to continue.



ACCESS HRA
YOUR WAY

Log In

English Español русский 한국어 中文 العربية Kreyòl Ayisyen

Welcome to ACCESS HRA

[Apply Now / Log In](#)

New to AHRA? [Create Account](#)

- SNAP (Food Stamps)**
Apply
Recertify
Periodic Report
Case Change
- Cash Assistance (CA)**
Apply
Recertify
One Shot Deal
Special Grant
- HEAP**
Apply
- Medicaid**
Print
Renewal
- Fair Fares NYC**
Apply
Renew

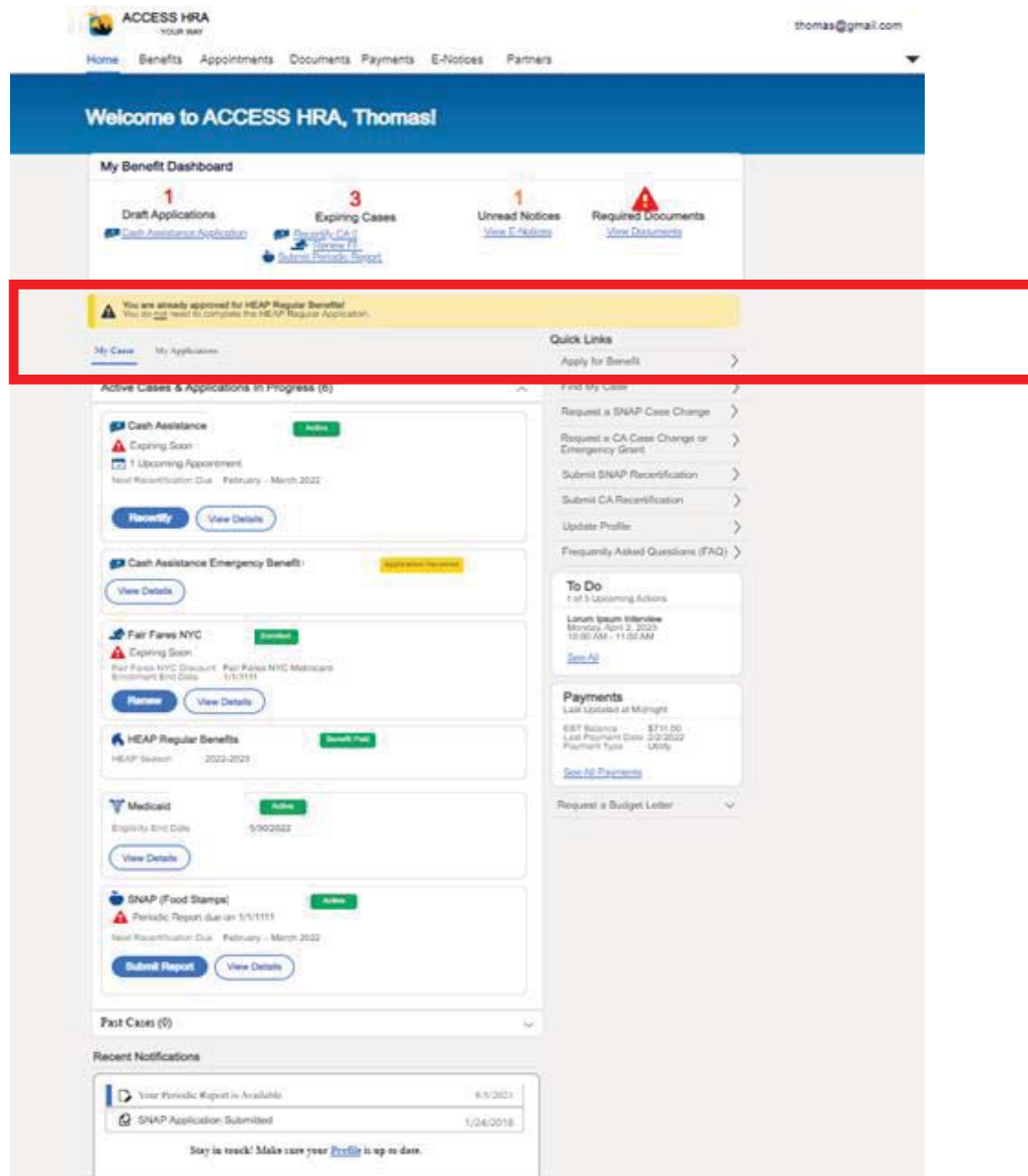
What's New

NEW! The Home Energy Assistance Program (HEAP) helps low-income people pay the cost of heating their homes. If you are eligible, you may receive one regular HEAP benefit per program year and could also be eligible for emergency HEAP benefits if you are in danger of running out of fuel or having your utility service shut off. >

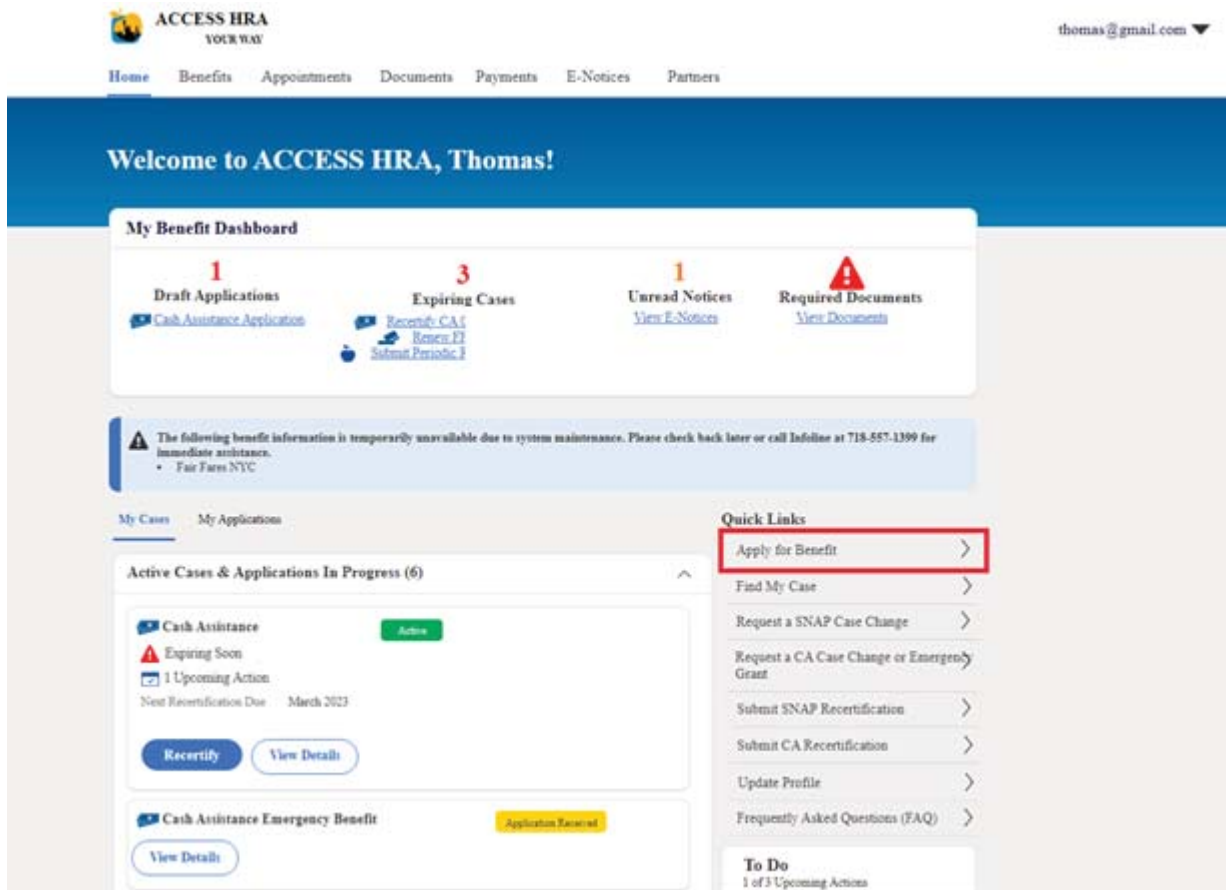
CA 6-month mailer and SNAP periodic report: Starting July 2021, if you do not return your SNAP periodic report or Cash Assistance mailer your case will close. >

Once the applicant/participant logs in, they are able to view the **My Benefit Dashboard** which shows all their active and past cases, including Cash Assistance (CA) and Supplemental Nutrition Assistance Program (SNAP).

In this case, the applicant/participant is already approved for HEAP Regular Benefits and does not need to complete the HEAP Regular Application.



The **Benefits page is one** screen is where applicants can apply for HEAP benefits. Applicants can also apply via the “Quick Links” section on the home page.



Benefits

Learn more about ACCESS HRA's benefits and apply for benefits.

AHRA Benefits

Additional Benefits

⚠ You are already approved for HEAP Regular Benefits!
You do not need to complete the HEAP Regular Application.

⚠ Find your case to connect to your existing benefits.
This helps prevent duplicate applications, which may slow down approval and receipt of benefits.

[Find My Case](#)

Cash Assistance

Cash Assistance is three benefits in one - Cash Assistance, SNAP (Food Stamps), and Medicaid.

Eligible families may receive federally funded cash assistance under the Temporary Aid to Needy Families Program (TANF) or the New York State Safety Net Program.

Apply for cash assistance (includes SNAP and Medicaid), a One Shot Deal such as pay back rent, a Special Grant, Child Care, or recertify your case.



[Learn More](#)

SNAP (Food Stamps)

The Supplemental Nutrition Assistance Program helps families and individuals supplement the cost of their diet with nutritious foods.

Apply, recertify, submit a periodic report, or start a case change for your SNAP benefits.



[Learn More](#)

Fair Fares NYC

With the Fair Fares NYC discount, participating New York City residents can receive a 50% discount on either subway and eligible bus fares, or Access-A-Ride.

Apply for or renew your Fair Fares NYC benefits.



[Apply](#)

[Learn More](#)

Home Energy Assistance Program (HEAP)

The Home Energy Assistance Program (HEAP) helps low-income New Yorkers pay the cost of heating their homes. If eligible, you may receive one regular HEAP benefit per program year. Mostly, the benefit is paid either directly to the heating vendor or utility company. Other benefits are available that can help you:

- Repair or replace your furnace, boiler and other direct heating equipment, if you're a homeowner.
- Receive energy efficiency services like heating equipment cleaning
- Purchase and installation of an air conditioner or a fan to help your home stay cool (available during the summer only)



[Apply](#)


[Learn More](#)

ATTACHMENT A

Medicaid

Medicaid provides free or low cost health insurance for low-income adults and children.
Apply for or renew your Medicaid benefits.


[Apply](#) [Learn More](#)




Child Support

Submit an application/referral for Child Support Services.

[Apply](#)



After selecting **Apply** from the screen above under Home Energy Assistance Program (HEAP), the applicant will be taken to the following screen to start the Regular HEAP application.




Home Benefits Appointments Documents Payments E-Notices Partners

Home Energy Assistance Program (HEAP)

What do you need help with?

I need help heating my home



Regular Benefit

This benefit helps you pay for home energy bills like electricity or natural gas.

[Start Application](#)

This application is for a regular HEAP benefit only:


- The HEAP program has 30 business days to make a determination on this application.
- If your utilities are scheduled to be shut off or have been shut off, if you have less than a quarter tank of fuel, less than a 10-day supply of fuel, or no heating fuel, you should go to a DHS Shelter. [Click here for a list of DHS Intake Shelter Locations.](#)
- If you own your home and your heating equipment is not working or unsafe and is in need of repair or replacement you should go to a DHS Shelter. [Click here for a list of DHS Intake Shelter Locations.](#)
- To learn about the Heating Equipment Repair and Replacement or Clean and Tune Benefits, [please find more information here.](#)

I need help cooling my home

Season Closed

Once the applicant/participant selects the **Start Application** button, they will begin the HEAP application.

HEAP Online Application Instructions



Applying for HEAP has a few steps- you're about to start the online application, which is Step 1. After you finish your online application, we'll give you more information about what's next.

- 1 Submit Online Application**
We will collect some information from you online to submit your initial application.
- 2 Return Documents**
After you submit your application, we will show you a list of documents you will need to submit to us. You can use the ACCESS HRA Mobile App to return your documents. We will provide you a link to download the App when you submit your application.
- 3 Complete Your Interview, if necessary**
You may not need to complete an interview for your application. We will call you if we need you to complete an interview.

If approved for the cooling benefit, a local vendor will install your air conditioner. Please go to the OTDA website [here](#) to review the options in your borough. You can select up to three vendors. You can discuss with HEAP staff during the interview.

[HEAP Frequently Asked Questions](#)


Next

New applicants will fill out all the required fields on the Regular HEAP benefit application.


Home Energy Assistance Program Application


Tell us about yourself

Applicant Details

First Name: Required 

Middle Initial:

Last Name: Required 

Date of Birth: Required 

Sex: Required

Note: A Social Security Number (SSN) is not a requirement to apply for HEAP. For applicants that do not have an SSN, they will check the box that states, “I do not have a Social Security Number or have applied for a Social Security Number”.

Social Security Number

Social Security Number: Required

A social security number is not a requirement to apply for HEAP. If you have a social security number, type it below or if you do not have a social security number, check the box below.

 I do not have a Social Security Number or have applied for a Social Security Number.

For returning applicants, some of the required fields will be pre-populated on the Regular HEAP Benefit application.

Home Energy Assistance Program Application Save & Exit

Tell us about yourself

Please confirm the information about the applicant is correct. Your Name, Date of Birth, and Social Security Number cannot be updated. If there are updates to this information, a new application should be submitted.

Applicant Details ?

First Name: Required ?

Middle Initial:

Last Name: Required ?

Date of Birth: Required ?

Required

Applicants can see any HEAP payments received on the **Payments** tab.

The screenshot shows the 'Payments' tab in the ACCESS HRA portal. At the top, there is a navigation bar with the ACCESS HRA logo and 'YOUR WAY' tagline, a 'Log Out' link, and the email address 'jsmith@gmail'. Below the navigation bar is a blue header with the 'Payments' title and a 'Check Current EBT Balance' button. The main content area displays a summary of payments and an EBT balance summary. The EBT balance summary shows CA: \$114.00 (as of 6/1/2021) and SNAP: \$67.00 (as of 6/1/2021). The payment list includes three entries: a regular benefit of \$175.00 on November 3, 2021; a payment made to Con Edison of \$175.00 on February 15, 2021; and a cancelled rent payment of \$94.00 made to a landlord on February 15, 2021.

Date	Description	Amount	Status
November 3, 2021	Regular benefit (HEAP)	\$175.00	Payment Made
February 15, 2021	Payment Made to Con Edison	\$175.00	Payment Made
February 15, 2021	Rent Payment Made to Landlord	\$94.00	Cancelled

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
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			

What language do you prefer to speak? _____

What language do you prefer to read? _____

Will you require a free interpreter? _____

MY MAILING ADDRESS (IF DIFFERENT FROM ABOVE) IS:										
ADDRESS				APT. #	CITY			COUNTY	STATE	ZIP CODE

HAVE YOU EVER APPLIED FOR HEAP? YES 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, Prefer not to say, 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? YES NO If yes, who? _____

DO YOU OR DOES ANYONE LIVING AT YOUR ADDRESS GET OR HAVE RECENTLY APPLIED FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)?

YES NO If yes, who? _____ CASE NUMBER _____

DO YOU OR DOES ANYONE LIVING AT YOUR ADDRESS GET OR HAVE RECENTLY APPLIED FOR TEMPORARY ASSISTANCE?

YES NO If yes, who? _____ CASE NUMBER _____

IS ANYONE IN YOUR HOUSEHOLD A VETERAN? YES NO If yes, who? _____

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

<p>HOMEOWNER</p> <p><input type="checkbox"/> Single Family House or Mobile Home</p> <p><input type="checkbox"/> Multi-Family House; List Number of Units _____</p> <p><input type="checkbox"/> Co-op/Condo Owner</p> <p><input type="checkbox"/> Life Estate/Use</p> <p>OTHER</p> <p><input type="checkbox"/> I live with someone else and share expenses</p> <p><input type="checkbox"/> I pay for a room</p> <p><input type="checkbox"/> I pay room and board</p> <p><input type="checkbox"/> Permanent hotel/motel</p> <p><input type="checkbox"/> Other living situation _____</p>	<p>RENTER</p> <p><input type="checkbox"/> Private House, Apartment or Mobile Home</p> <p>SUBSIDIZED RENT</p> <p><input type="checkbox"/> Private Subsidized Housing</p> <p><input type="checkbox"/> Public Housing Project or Senior Housing</p> <p><input type="checkbox"/> Public Subsidized Housing</p> <p>Do you receive a HUD utility allowance?</p> <p><input type="checkbox"/> Yes If yes, how much \$ _____ <input type="checkbox"/> No</p>
--	---

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

<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Coal or Corn
<input type="checkbox"/> Wood/Wood Pellets	<input type="checkbox"/> Kerosene	<input type="checkbox"/> Propane or Bottle Gas	<input type="checkbox"/> 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

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.

<p>SIGN HERE:</p> <p>X</p>	<p>DATE SIGNED</p>
<p>NAME OF PERSON, IF ANY, WHO ASSISTED YOU:</p>	<p>PHONE NUMBER:</p>

AGENCY USE ONLY			
APPLICATION TYPE: <input type="checkbox"/> Full Documentation <input type="checkbox"/> Simplified			
Vendor	Account Number	Vendor Code	Vendor Relationship: <input type="checkbox"/> Current Bill/Vendor Statement <input type="checkbox"/> Collateral Contact
IDENTITY OF HOUSEHOLD MEMBERS			
LN	HOUSEHOLD MEMBER'S NAME	DOCUMENTATION	
01			
02			
03			
04			
05			
06			
IS ANYONE IN THE HOUSEHOLD VULNERABLE? <input type="checkbox"/> Under the age of 6 <input type="checkbox"/> Age 60 or older <input type="checkbox"/> Permanently Disabled			
Who _____ Documentation _____			
RESIDENCE – CHECK TYPE OF DOCUMENTATION OBTAINED			
<input type="checkbox"/> Current Rent Receipt w/Name & Address <input type="checkbox"/> Water, Sewage, or Tax Bill <input type="checkbox"/> Mortgage Payment Book/Receipts w/Address <input type="checkbox"/> Homeowner's/Renter's Insurance Policy <input type="checkbox"/> Copy of Lease w/Address <input type="checkbox"/> Utility Bill <input type="checkbox"/> Other _____			
INCOME DOCUMENTATION/CALCULATION		Categorically Eligible: <input type="checkbox"/> TA <input type="checkbox"/> SNAP <input type="checkbox"/> Code A SSI	
Comments, resolution activities, income calculation/documentation, verification of emergency for expedited regular benefit, vendor contract, etc. SHOW ALL CALCULATIONS		REGULAR BENEFIT (EMERGENCY USE PART B)	
Gross Bi-Weekly Income x 2.166666 Gross Weekly Income x 4.333333		<input type="checkbox"/> SEPARATE HEAT (check one) <input type="checkbox"/> Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> LP Gas <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellets <input type="checkbox"/> Coal/Corn <input type="checkbox"/> PSC Electric <input type="checkbox"/> Municipal Electric	
		<input type="checkbox"/> HEAT INCLUDED IN RENT <input type="checkbox"/> Payment to Household <input type="checkbox"/> Payment to Utility	
		Benefit \$ _____	
TOTAL INCOME \$			
<input type="checkbox"/> Application compared to previous information Interview Completed <input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> No prior application <input type="checkbox"/> No Changes <input type="checkbox"/> WMS Inquiry <input type="checkbox"/> Changes verified How: _____			
<input type="checkbox"/> Pended	START: _____	END: _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
CERTIFYING AGENCY			
WORKER'S SIGNATURE/DATE			
SUPERVISOR'S SIGNATURE/DATE			
CONSENT TO WITHDRAW			
Only sign here if you want to withdraw your application and not to apply for HEAP.			
I CONSENT TO WITHDRAW MY APPLICATION		SIGN HERE X _____	
I UNDERSTAND THAT I MAY REAPPLY FOR HEAP BENEFITS AT ANY TIME DURING THE PERIOD THAT HEAP APPLICATIONS ARE BEING ACCEPTED			

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", "Prefer Not to Say" or "Different Identity" in the space provided. If you print "Different Identity", you may choose to describe that person's gender identity in the space provided.

Citizen /Alien Information:

In order to receive HEAP, a member of your household, 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 must be listed for all household members that have a Social Security Number. 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 a household member does not have a Social Security Number, write the word "none" in the Social Security Number box. This information may 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 that has a Social Security Number
- 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 valid Social Security Numbers for all household members that have a Social Security Number.

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.

যদি আপনি এই ফর্মটি ইংরেজীতে পেতে চান তাহলে 1-800-367-8683 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 _____ In county/state _____	Your address was (give house number, street and city) _____ Under the name (if different from your name now) _____	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
11	Political Party I wish to enroll in a political party <input type="checkbox"/> Democratic party <input type="checkbox"/> Republican party <input type="checkbox"/> Conservative party <input type="checkbox"/> Working Families party <input type="checkbox"/> Other _____ 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 for a felony conviction;
- 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.