OFFICE OF POLICY, PROCEDURES, AND TRAINING



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## POLICY BULLETIN # 21-17-ELI

(This Policy Bulletin Replaces PB #19-35-ELI)

## REVISION TO ANNOUNCEMENT OF THE AFFIDAVIT OF LOSS, THEFT OR NONRECEIPT OF HEAP VENDOR CHECK (HEAP-47) FORM

Date: March 18, 2021	Subtopic(s): Utility Arrears
<u>March 10, 2021</u>	This policy bulletin is being revised to inform staff that the HEAP-47 form needs to be forwarded to Family Independence Administration (FIA)- Home Energy Assistance Program (HEAP) Central for review.
	The purpose of this policy bulletin is to inform the Home Energy Assistance Program (HEAP) staff and HEAP Vendors of the Affidavit of Loss, Theft or Nonreceipt of HEAP Vendor Check ( <b>HEAP-47</b> ) form. This policy bulletin is informational for all other staff.
	HEAP provides grants to assist low-income families and individuals who pay separately for heat and/or heat-related utility service.
	In instances when the Human Resources Administration (HRA) has issued a HEAP check, and the HEAP Vendor states that the HEAP check was either not received, lost, or stolen, the Vendor must complete the <b>HEAP-47</b> form.
	When the issuance was not redeemed, the HEAP check can be cancelled immediately and reissued. If the HEAP payment was confirmed redeemed in the Welfare Management System (WMS), the vendor will complete the <b>HEAP-47</b> form and it should be returned to HEAP Central for review. The form should be e-mail directly to the Office of Program Accountability (OPA), Assistant Deputy Commissioner Sarah Fuentes at fuentess@dss.nyc.gov. The <b>HEAP-47</b> form may also be forwarded to the Bureau of Fraud Investigation (BFI) if further investigation is required.

Upon the outcome of the review from OPA, HEAP Central will decide whether the benefits can be issued.

Effective Immediately

## **Related Item:**

PD #21-01-ELI PD #17-27-ELI

Attachments:

HEAP-47 (E)

Affidavit of Loss, Theft or Nonreceipt of Heap Vendor Check



HEAP-47 (E) 07/08/2019

## Affidavit of Loss, Theft or Nonreceipt of HEAP Vendor Check

Vendor Company Name:		
Address:		
Client Name:	Account Number:	
CHECK INFORMATION		
Original Check Number:	Date Check Issued: Amount Check Issued F	-or:
STATE OF NEW YORK )		
COUNTY OF ) ss:		
said Administration; that I have not/received sa examined a copy of said check and the endors made by me or with my authority and that I did	, being duly sworn, depose and say: for the company identified above; that inistration (HRA) that the above referenced check was aid check or the proceeds thereof directly or indirectly sements thereon, and state that none of the endorsen d not receive any of the proceeds of said check; that I to do so. If this check comes into my possession, I wil	at I have been s issued by ; that I have nents were did not place

I AGREE NOT TO ENDORSE AND NOT TO CASH THIS CHECK.

I have been advised and know that the Administration is relying on my statement to issue replacement monies and that if I make any false statement or misrepresentation, I will be subject to criminal and civil penalties.

I am also aware that if any duplication of this payment results from any false statement or misrepresentation by me, the replacement check will be considered an overpayment and that the company is liable to the Administration for the amount and that the Administration may seek to recover the amount.

Signature of Affiant

Subscribed and sworn before me:

This \_\_\_\_\_\_ , 20 \_\_\_\_\_