



OFFICE OF POLICY, PROCEDURES, AND TRAINING

James K. Whelan, Executive Deputy Commissioner

Adam Waitzman, Assistant Deputy Commissioner
Office of Procedures

POLICY BULLETIN 21-63-ELI

2021-2022 HOME ENERGY ASSISTANCE PROGRAM (HEAP)

Date: December 9, 2021	Subtopic(s): HEAP
	<p>The purpose of this policy bulletin is to inform the Family Independence Administration (FIA) Job Center and Non Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Center staff of the 2021-2022 Home Energy Assistance Program (HEAP).</p> <p>HEAP is comprised of several program components designed to assist eligible households with meeting heating and cooling needs. HEAP components include Regular HEAP, which includes a Clean and Tune benefit, Emergency HEAP, Cooling Assistance, Heating Equipment Repair and Replacement, and the Regular Arrears Supplement (RAS) benefit.</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 benefits to those who are more susceptible to temperature changes, such as children, the elderly, and vulnerable individuals.</p> <p>Regular HEAP Component</p> <p>Applications for the 2021-2022 Regular HEAP component for heat and heat included in shelter expense benefits must be accepted beginning October 1, 2021, through March 15, 2022, or until funding is exhausted; whichever comes first. Information on the Regular HEAP component may be found in the HEAP Manual.</p> <p>The 2021-2022 HEAP Nominal Benefit began on September 1, 2021. The Nominal “heat and eat” Benefits continue to be available to households in receipt of ongoing SNAP benefits, who reside in specific HEAP eligible shelter types, incur a shelter expense with heat included, and are not otherwise eligible for the Heating and Cooling Standard Utility Allowance (HCSUA). This nominal benefit is</p>

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provided to households to assist with home energy costs and to enable these households to receive the full HCSUA to maximize their SNAP benefits. Nominal benefits authorized after the close of the 2021-2022 Regular benefit component are an advance of the 2022-2023 HEAP benefit.

Application Process

Applicants applying for the Regular HEAP benefit may apply by downloading a HEAP application through [ACCESS NYC](#) and submitting the completed application to the NYC Department of Social Services/Human Resources Administration (NYC DSS/HRA).

Applicants may also apply for Regular HEAP benefits by submitting a paper application by mail, fax, or in person at a HEAP location. Applicants for regular HEAP benefits who are not returning applicants must have an eligibility interview conducted either in-person or by telephone.

A printable HEAP Application (**LDSS-3421**) is available on the OTDA website, otda.ny.gov/programs/applications/, effective October 1, 2021. This application will need to be printed and mailed to NYC DSS/HRA HEAP at PO Box 1401, Church Street Station, New York, NY 10008 or returned in person at a HEAP location.

Processing Time Frames

There are no changes to the HEAP application processing timeframes. Applicants must be notified in writing of the eligibility decision, either an approval or denial, within 30 business days from the application date, with the exception of Early Outreach applications. Early Outreach application notices must be issued within 30 business days from program opening.

Income Guidelines

Income guideline amounts may be found in the 2021- 2022 HEAP Desk Guide (**LDSS-5005**).

Heating Equipment Repair and Replacement (HERR).

Applications for the 2021-2022 HERR benefit began on October 1, 2021 through September 30, 2022, or until funding is exhausted; whichever comes first. Refer to **Attachment A** for more information on the HERR component.

Applicants may apply for the HERR benefit by submitting paper applications by mail, fax, or in person at a HEAP location. An in-person interview is required.

Please note, the requirements for in-person interviews for the HERR component are currently suspended, and interviews may be completed with applicants by telephone.

Heating Equipment Clean and Tune (C&T)

Applications for the 2021-2022 C&T benefits began on October 1, 2021 through September 30, 2022, or until funding is exhausted; whichever comes first. Refer to **Attachment B** for more information on the Heating Equipment C&T component.

Emergency Component

Applications for Emergency heat and domestic heat-related benefits, temporary relocation, and propane tank deposit benefits must be accepted beginning on January 3, 2022, through March 15, 2022. Detailed information on the Emergency benefit component may be found in the HEAP Manual.

Applicants may apply for the Emergency benefit component by telephone or in person at a HEAP location. A telephone or an in-person interview is required.

The application date for Emergency HEAP applicants eligible for income deeming (verbal attestation that no changes or less than \$200 increase have occurred in income, residence, or household composition since the application for Regular HEAP benefits was certified), is the date the HEAP Emergency Benefit Budget Worksheet (**LDSS-3594B**) was completed by HEAP staff with assistance from the applicant, either over the telephone or in person.

The application date for applicants that are ineligible for income deeming is the date the signed and dated HEAP Application (**LDSS-3421**) is submitted to NYC DSS/HRA. The **LDSS-3594B** must also be completed; however, this does not affect the application date.

Regular Arrears Supplement (RAS) Benefit

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. Please refer to [PB #21-57-OPE](#) for details on the RAS benefit.

Regular HEAP Benefit and Emergency Benefit Amounts

For the 2021-2022 program, the Regular Benefit add-on for households with a vulnerable member was not increased and remains at \$35. The add-on for Tier 1 households was increased to \$41. The Heat included benefits were increased to \$50 for Tier 1 households and \$45 for Tier 2 households. All other benefit amounts will remain at the same levels as in 2020-2021. The Regular benefit amount is calculated based on primary fuel type, income tier and the presence of a vulnerable household member, defined by HEAP as, a child under age 6, an individual age 60 or older, or an individual in receipt of Supplemental Security Income (SSI) or disabled as defined in the [HEAP Manual](#).

The Emergency benefit amount is based on the type of emergency. See the 2021-2022 HEAP Desk Guide ([LDSS-5005](#)), for benefit amounts.

Definition of Emergency Types

A HEAP eligible household is considered to be in a life-threatening emergency when the household is without heat. A household without heat has no heating fuel, or utility service has been disconnected. Any HEAP eligible household's life-threatening emergency must be resolved within 18 hours from the time the household applied for an Emergency benefit.

A HEAP eligible household is considered to be in a crisis emergency when the loss of heat is imminent. A household with imminent loss of heat has less than ¼ tank of oil, kerosene, or propane, less than a ten-day supply of other deliverable fuels, or utility service is scheduled for disconnection. Any HEAP eligible household's crisis emergency must be resolved within 48 hours from the time the household applies for an Emergency benefit.

Emergency resolution may include an action other than the issuance of a benefit, such as temporary relocation, safe supplemental heat, or referral to CA or other community programs, if ineligible for HEAP or if HEAP eligibility has not been determined.

Emergency Special Claiming Code G or H

A Special Claiming Code must be notated in the HEAP Central system. In order to distinguish whether a HEAP payment is used to prevent loss of heat to the household, or whether a HEAP payment will restore heat to the household, all HEAP payments, including those for Early Outreach, must use one of the appropriate Special Claiming Codes below:

- Special Claiming Code **H** – “HEAP Prevention” is required for all HEAP payments which prevented the loss of service.
- Special Claiming Code **G** – “HEAP Restoration” is required for HEAP payments which restored service.

Refer to the Special Claiming Codes for Prevention & Restoration, **Attachment C** for more information on when to use Claiming Code **G** or **H**.

Effective Immediately

References:

GIS 21 TA/DC065
 GIS 18 TA/DC012
 GIS 20 TA/DC15
 GIS 20 TA/DC34
 GIS21 TA/DC012
 20-ADM-04
 21-LCM-18
 20-LCM-11
[HEAP Manual](#)

Related Items:

PD #17-27-ELI
 PD #21-01-ELI
 PB #21-27-ELI
 PB #21-57-OPE

Attachments:

Attachment A	Heating Equipment Repair and Replacement Reference Tool
Attachment B	Clean and Tune Benefit Reference Tool
Attachment C	Special Claiming Codes for Prevention and Restoration Chart
FIA-1230	Home Energy Assistance Program Documentation Requirements (Rev.12/10/20)
FIA-1230a	Home Energy Assistance Program (HEAP) Notice of Eligibility Decision - Approval (Rev. 8/6/21)
FIA-1230b	HEAP Program Notice of Denial (Rev. 7/13/21)
LDSS-3421	Home Energy Assistance Program Application (Rev. 5/20)
LDSS-3594B	HEAP Emergency Benefit Budget Worksheet (Rev. 5/19)
LDSS-5005	2021-2022 HEAP Desk Guide (Rev. 7/21)

HOME ENERGY ASSISTANCE PROGRAM HEATING EQUIPMENT REPAIR AND REPLACEMENT

Benefit Component

Heating Equipment Repair and Replacement (HERR) benefits are available to assist Home Energy Assistance Program (HEAP) eligible households with the cost to repair or replace the applicant's primary heating equipment. The applicant must own their dwelling, and the heating equipment must have been documented by a participating vendor to be inoperable or unsafe, and in need of repair and or replacement.

Heating equipment replacement is also available, under limited circumstances and with medical documentation, to replace systems that are directly detrimental to a household member's health. Documentation must be in writing from a physician or physician's assistant and must specify the reason(s) why the current system is directly detrimental to the household member's health and safety.

Temporary relocation for an eligible household may be considered when the residence has been determined to be unsafe, and it has been determined that the deficiencies cannot reasonably be corrected in a timely manner which would ensure safe, healthy habitation.

Temporary relocation is only available when the Emergency benefit component is open.

Application Requirements

Applications for HERR can be submitted by mail, fax, or in-person including those from Cash Assistance (CA) or Supplemental Nutrition Assistance Program (SNAP) recipients, using the current version of the New York State (NYS) HEAP Application ([LDSS-3421](#)).

The homeowner must be the applicant for HERR benefits.

An in-person interview is required for ALL HERR applications. Full documentation is required for ALL HERR applications. Please note, as advised in GIS 20 TA/DC015 the requirements for in-person interviews and applications for the HERR component have been temporarily suspended. Required interviews may be completed with applicants by telephone. Districts will be notified of any future changes.

An authorized representative is permitted to apply for HERR benefit on behalf of the homeowner. The authorized representative must provide a written statement signed and dated by the applicant or the applicant must complete the authorized representative designation section on **page 4** of the HEAP Application ([LDSS-3421](#)).

An individual with a documented power of attorney is permitted to apply for HERR benefits. The power of attorney must be documented in writing.

Reasonable accommodations must be explored with homebound applicants to assist with application requirements.

Please note, as advised in [GIS 20TA/DC015](#) required interviews may be completed with applicants by telephone. Districts will be notified of any future changes.

Application Requirements *(continued)*

A regular benefit must be processed for any household eligible for a repair or replacement in those cases where the household has not received a regular benefit at the time of application for equipment repair or replacement, provided the Regular component is open.

Eligibility Requirements

In addition to basic eligibility, all applicants for HERR must meet the following criteria:

- The applicant must be the documented owner of the dwelling. For purposes of the HERR component, ownership is documented by a recorded deed or title. Deeds are recorded on all property transfers. Titles are issued for manufactured homes 1995 or newer. In the case of manufactured or modular homes sold prior to 1995 and which are not titled, applicants must provide a bill of sale in conjunction with supporting documentation listed below.

Ownership MUST be documented by obtaining the following items:

HOUSING TYPE	ACCEPTED OWNERSHIP VERIFICATION	INFORMATION NEEDED IN CONJUNCTION WITH OWNERSHIP VERIFICATION
Single and two-family homes	Recorded deed or verification obtained through the county's real property tax website.	
Mobile homes 1995 or newer	Title	
Mobile homes older than 1995	Bill of sale OR sales contract PLUS one of the following:	<ul style="list-style-type: none"> • Tax bill/paid tax bill receipt OR • Mortgage papers/payment book or loan payment receipts OR • Mobile home lot rent receipts/statement from park owner OR • Loan papers

- The applicant must have owned the residence for the 12 months preceding the month of application.
- The dwelling must be the applicant's primary dwelling.
- The applicant must be residing in the household for which assistance is being requested at the time of application for HERR. A household that has temporarily relocated due to the lack of heat or unsafe conditions or who meets other HEAP temporary absence rules is considered to meet the residence requirement.

Eligibility Requirements *(continued)*

- The applicant must document that the equipment to be replaced or repaired has been the primary heating equipment in the dwelling within the 12 months preceding the month of application. Documentation may include:
 - Fuel delivery slips,
 - Vendor confirmation of delivery and/or payment for fuel,
 - Confirmation through a utility website that the account has been active and has incurred gas or electric costs, or
 - Collateral contact with the home energy vendor.

Life estate and life use are considered ownership unless the deed or life estate contract specifies that the deeded owner, not the individual with life use, is responsible for repairs and/or maintenance. Life use/estate must be either part of the deed or other legal document executed at the time of the original property transfer. Modifications made to meet eligibility requirements do not meet ownership requirements for this component.

All applicant households for HERR must be resource tested. Resources for all household members, as defined by HEAP, are counted. Applicant homeowners in receipt of active CA or Code A SSI do not need to be resource tested since HEAP resource limits are consistent with those program resource limits. All other household members must be resource tested.

Household resources must be explored, and availability determined. The resource checklist on the Heating Equipment Repair and Replacement Worksheet ([LDSS-4867](#)) must be completed. Only available liquid resources are counted.

All applicant households for HERR receive a standard resource exclusion of \$3,000 in addition to all other applicable exemptions.

The available amount of resources is determined by reviewing the allowable exemptions in the [HEAP Manual](#).

Applicant households who have available liquid resources, after exemptions are applied, that equal or exceed the cost of the repair or replacement are not eligible. If the available resources are less than the cost of the repair or replacement, applicants are required to apply any available liquid resources after exemptions to the cost of the repair or replacement.

Resources of Co-Owners

- If the dwelling is co-owned and the co-owner(s) does not reside in the dwelling, the local social services district (district) must explore the availability of resources and contributions from the co-owner(s). Resources are determined in the same manner as for the applicant.

Eligibility Requirements *(continued)*

- Only a prorated share of the repair/replacement cost may be paid with HEAP funds when:
 - The co-owner(s) is not accessible,
 - The co-owner(s) refuses to provide documentation of resources, and/or the co-owner(s) has resources exceeding \$3,000 after allowable deductions. Resources of the co-owner(s) must be documented, and availability determined in the same manner as the applicant's resources.
- The complete cost of the heating equipment repair or replacement must be paid by HEAP when both the co-owner(s)'s and the applicant's documented resources are at or below the resource limit.
- Applicants should be referred to other programs to obtain the balance of a prorated HEAP payment (CA, community-based organizations, not for profit organizations, Weatherization, NYSERDA, etc.).
- Applications requiring either an applicant or co-owner(s) contribution toward the cost of either a repair or replacement must be permitted ten business days to provide documentation of payment or satisfactory payment arrangements with the vendor. This request must be documented with a Documentation Requirements ([LDSS-2642](#)) form and the Home Energy Assistance Program Documentation Requirements (**FIA-1230**) form. The emergency resolution timeframes and rules must be followed in these cases.

Note: Applicants who are victims of documented domestic violence situations may be exempted from documenting a co-owner's resources if producing the documentation could exacerbate the domestic violence situation and place the applicant at risk.

A participating licensed heating professional or local Weatherization Assistance Program provider must document that the applicant owned primary heating equipment is inoperable or unsafe and is in need of repair or replacement.

The dwelling must be in compliance with local building and safety codes, must not be in condemned status, and must be safe and structurally sound.

- The dwelling must not be considered unsafe and/or unfit for habitation.
- Dwellings with more than two units are not eligible for repair or replacement.

Certification

The districts are the sole certifier for this component. The district may contract with alternate certifiers to assist in the application/outreach process.

Alternate certifiers may not make final eligibility decisions, contract for work, guarantee benefits or issue notices.

All applications for this component require supervisory review, even in those districts using a case supervisory review process for other types of HEAP applications.

Timeframes and Emergency Resolution

Emergency Resolution Requirements

The HEAP Heating Equipment Repair and Replacement Screening Form ([LDSS-5010](#)) is a mandatory form designed to assist districts in assessing the heating equipment situation. The form is not a substitute for any other required forms and cannot be used to determine eligibility.

Appropriate action(s) must be taken to resolve the emergency situation of an eligible household within 18 hours of the emergency benefit application filing date if the household is without heat or within 48 hours of the emergency benefit application filing date if loss of heat is imminent.

Emergency resolution is defined as the action taken to resolve the applicant household's emergency situation by providing the household with heat, safe supplemental heat or access to temporary alternate housing.

The filing date for HERR applications is the date that the applicant completed, signed and submitted the HEAP application to the district or to the alternate certifier contracted to accept applications.

The emergency resolution action(s) for those applicants for HERR where HEAP eligibility cannot be determined within the 18 to 48-hour timeframe or the applicant is not HEAP eligible are:

- A referral to CA,
- A referral to a community resource,
- Provision of safe supplemental heat,
- Access to temporary alternate housing.

The emergency resolution action(s) for those households applying for HERR, where HEAP eligibility is determined, are:

- Repair or replacement of the heating system within the 18 to 48-hour timeframe,
- Provision of safe supplemental heat,
- Access to temporary alternate housing, or
- Provision of emergency HEAP funded temporary housing (only when the Emergency Component is open).

Resolution must be documented on the HEAP Heating Equipment Repair and Replacement (HERR) Worksheet ([LDSS-4867](#)).

Timeframes and Emergency Resolution *(continued)*

Completion of Work

As a rule, the heating equipment repair or replacement work should be completed within five business days from the authorization by the district. Vendors must notify districts if they cannot meet these timeframes and provide the reason.

Processing Timeframes and Client Notification

The district must determine an applicant's eligibility for the HERR within 30 business days of receipt of the completed HEAP Application (LDSS-3421). Requests for HERR may be pended for missing or additional documentation for up to 10 business days if necessary. Any pending timeframes, up to ten business days, will not be counted towards the 30-business day requirement. 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.

Applicants must be provided an appropriate notice of the eligibility decision made on the request for HERR no later than 30 business days from the date of receipt of the final vendor invoice for payment. A copy of all notices must be retained in the case record for 10 years, including the current program year.

Vendor Participation

All HEAP HERR vendors must have a signed HEAP Heating Equipment Repair and Replacement Vendor Agreement on file with the OTDA HEAP Bureau.

Each district can find a list of all its participating HERR vendors in the HEAP Participating Vendor listing found in [CentraPort](#). This list is updated daily and must be provided to applicants who need to choose a vendor. Districts must confirm vendor participation using this list prior to authorizing a benefit.

Scope of Benefits and Specification

Repair

The essential heating equipment repair total benefit is limited to \$3,000 per applicant per HEAP program year.

In some cases, the cost of repair may exceed or be comparable to the cost of replacement. In these cases, the district should explore replacement. A heating system that requires multiple repairs in a program year, or within the past program year, may warrant the exploration of replacement instead of continued repair.

Repair of essential primary heating equipment is defined for NYS HEAP purposes as the labor and materials necessary to restore or fix an eligible household's essential heating equipment to a sound useable condition without the replacement of the heating plant (furnace/boiler). This includes repair or replacement of chimneys or other venting systems and repair or replacement of oil tanks.

All repairs must include the installation of a working carbon monoxide detector when one is not present, is non-operational or the carbon monoxide detector is over five years old.

Scope of Benefits and Specification *(continued)*

Replacement

The essential primary heating equipment replacement benefit is limited to \$6,500.

Eligible households may receive one heating equipment replacement benefit within a ten-year period.

Replacement of essential primary heating equipment is defined for NYS HEAP purposes as the materials and labor necessary to restore and/or fix an eligible household's essential heating equipment to a sound useable condition by removal of an existing heating plant and replacement with a new heating plant. Replacement may also include the repair/ replacement of essential heating equipment necessary for the system's safe and proper operation.

Essential heating equipment may include chimneys, chimney liners or other direct venting systems and oil tanks.

All replacements must include the installation of a working carbon monoxide detector when one is not present, is non-operational or the carbon monoxide detector is over five years old.

Scope of Work

All repair or replacement jobs must be approved and authorized by the district prior to the commencement of any work.

Work is limited to the primary heat source and its essential components. The primary heat source is defined as the equipment used within the 12-month period prior to the month of application to heat the majority of the dwelling and located inside the dwelling, with the exception of outdoor wood boilers and exterior units that are encapsulated.

Components of the primary heating equipment are those necessary to ensure that the heating system will operate safely and within all applicable State and local building codes.

Portable space heaters of any fuel type are not considered a primary heat source and are not eligible for repair and/or replacement under this component.

Repair of the existing inoperable heating equipment must be explored prior to replacement. Replacement of essential primary heating equipment may be explored in situations when a licensed qualified participating vendor provides a written statement documenting the current existing primary heating system is:

- Inoperable and/or unsafe and the reason why; and,
- Written verification that essential heating equipment cannot be repaired.

All replacement equipment must be Energy Star or High Efficiency furnaces and boilers rated at a minimum of 92% efficiency or greater. Installation of non-Energy Star rated/High Efficiency equipment may only be considered when Energy Star rated or 92% or greater

Scope of Benefits and Specification *(continued)*

High Efficiency heating equipment cannot be obtained within a reasonable timeframe or when the cost of the Energy Star rated/High Efficiency heating equipment exceeds the benefit limit of \$6,500.

For oil fired hydronic (boilers) systems, 83% efficiency or above is considered high efficiency.

All repairs and replacements should, with client consent, include installation of a programmable thermostat.

Installation or repair of fuel tank gauges may be included as part of the repair of essential equipment if original gauges are faulty or nonexistent.

All repair and replacement jobs must include the installation, per manufacturer's specification, of at least one carbon monoxide detector when one is not present, is non-operational or the carbon monoxide detector is over five years old.

At the household's request, inoperable/unsafe primary heating equipment may be replaced with a different type of system if the cost of the alternative system is comparable (defined as \$500 or less) to replacement with the same type of system. The final approval for replacement with a different system type is made by the district.

Note: The cost of removal or proper abandonment of the heating equipment in accordance with all State and local codes and regulations must be included in the job scope.

All repairs or replacements on either State or sovereign lands must be completed to the satisfaction of all State and local codes, in addition to individual sovereign nation's protocols and rules.

In the case of boilers with frozen pipes, HEAP benefits may assist with repairing the sections of piping absolutely necessary for the safe and proper installation and operation of the boiler.

Job Proposal Process

Estimate Submission

All estimates must be submitted on the current HEAP Heating Equipment Repair/Replacement Job Proposal form ([LDSS-4867A](#)) and require both vendor and customer signature to attest that the estimate was prepared based on an onsite assessment.

Estimates that are not based on an onsite assessment are not valid and may not be accepted.

Estimates must include a detailed job scope with labor and materials costs. Estimates must be completed based on the requirements of the Job Proposal ([LDSS-4867A](#)) form and HEAP HERR Vendor Agreement.

HEAP policy requires that the district contract with the lowest qualified bidder. A vendor other than the lowest bidder may be awarded the job on a case by case basis.

Job Proposal Process (continued)

Allowable exceptions include, but are not limited to: past issues with the proposals or work of the lowest bidding vendor; inability of the lowest bidder to complete the work within five business days; inability of the lowest bidder to obtain or install Energy Star rated equipment when applicable and customer contracts or long-term relationships with a vendor other than the lowest bidder.

Only vendors with a signed HERR Vendor Agreement on file with OTDA may perform work.

Districts should use local procedures for obtaining job proposals for repair and replacement work; however, multiple bids are not required for repairs of \$500 or less. Districts must approve the vendor to perform work prior to commencement of the job.

A minimum of two job proposals are required for all replacement work above \$3,000.

The district should offer applicants the opportunity to obtain their own job proposals. Vendor lists may be provided to assist applicants. If the applicant requests assistance with obtaining bids/estimates, this should be noted in the case record and the district must contact vendors on the applicant's behalf.

Payments

Prior to authorizing payment for HERR benefits, districts must contact the client to confirm the installation and operation of the heating unit.

Prior to authorizing payment for the HEAP prorated amount, it must be documented that the client and or co-owner(s) share of the cost has been guaranteed or paid, or the client has made satisfactory payment arrangements before the HEAP payment is authorized.

Vendors must submit to the district an itemized, final bill on company letterhead. A copy must be retained in the case record. Itemized bills should include the total amount of labor costs, in addition to the amount of the unit.

Bills must be submitted no later than 15 business days after work completion. Districts may not pay vendors until the work has been completed, an itemized bill received, and client confirmation of satisfactory work completion has been obtained.

No pre-payment or deposits are permitted.

No New York State sales tax may be charged for labor and materials.

HERR payments are issued directly to the vendor after completion of all work, submission of final itemized bill and client confirmation of installation and operation of the heating system.

Special Claiming Code G – HEAP Restoration is notated in the HEAP Central system for all HERR payments.

Districts must authorize and pay in a timely manner.

Payments for Estimates to Vendors Not Awarded the Job

Reasonable costs associated with obtaining job estimates and/or documenting the condition of the system and/or to provide an estimate of work are an allowable expense. The additional conditions below also apply.

The cost of estimates may only be paid for eligible households. Districts must not incur costs or require applicants to incur costs for estimates prior to the eligibility determination.

Multiple estimates are not required for repairs that do not exceed \$500. Vendors must request and receive district approval prior to commencing any work.

Districts with a single source HERR contract may not pay for estimates with program funds. These costs must be part of the contract and must be paid from administrative funding.

Prohibited Payments

Payments for HERR must not be made under the following circumstances:

- The applicant has not owned and resided in the dwelling for the 12 months prior to the month of application.
- The applicant has failed to document that the heating system in need of repair or replacement has been the primary heating system for the 12 months preceding the month of application.
- Reimbursement for work that was started and/or completed prior to the applicant's HEAP eligibility determination.
- Work that was not authorized by the district.
- Replacements or repairs for residences with more than two units.
- Payment for repairs or replacement for heating equipment that is inoperable due to flood, fire, or other natural disasters.
- Situations where the dwelling has been determined to be unsafe, is not habitable, or is out of compliance with building/safety codes and the situation cannot be corrected in a reasonable or cost-effective manner to ensure safe and healthy habitation.
- Installation of heating systems in dwellings where a current heating system does not exist.
- The applicant's homeowner's insurance is available to pay for the repair or replacement.
- Applicants whose primary equipment was replaced using HEAP funds within the prior ten years from the date of application.

Prohibited Payments *(continued)*

- Applicants whose residence is for sale and who have a signed sales contract are not eligible for repair/replacement benefits.
- Eligibility for applicants whose dwelling is in the process of foreclosure must be assessed on a case-by-case basis to determine when and if the premises will be vacated by the applicant.
- Payments for parts and labor charged for the repair or replacement of any optional or non-essential heating system components must not be made.
- Work on dwellings that are not considered permanent primary residences, including roadworthy trailers or mobile homes registered with the Department of Motor Vehicles.
- Prorated furnace replacement benefits if the necessary supplemental funding is unavailable or co-owner's available resources are unavailable.
- Dwellings that are being purchased through a land contract or rent to own agreements.

File Requirements

All case files must contain:

- A current signed and dated HEAP Application ([LDSS-3421](#)), with a completed Agency Use Section (page six),
- All supporting documentation,
- HEAP Heating Equipment Repair and Replacement Screening Form ([LDSS-5010](#)),
- HERR Worksheet ([LDSS-4867](#)),
- Job Proposals ([LDSS-4867A](#)),
- Final itemized bills,
- Case notes.

Case records for HERR must be retained for ten years.

Case Supervisory Review

Districts must conduct supervisory review of all applications for HERR.

All applications for HERR must be reviewed by a county employee at least one level above the county employee certifying the application for assistance.

Referrals and Cash Assistance

Individuals whose heating equipment repair or replacement needs cannot be met through the HEAP HERR, or who have been found ineligible for HEAP may, if they apply and are found eligible, have their needs met under Family Assistance (FA), Safety Net Assistance (SNA), Emergency Assistance to Families (EAF), Emergency Safety Net Assistance (ESNA), or Emergency Assistance for Adults (EAA).

Department Regulations 18 NYCRR 352.4(d), 352.6(e), 352.7(b), 372.4(b) and 397.5(h) provide districts the ability to meet the costs necessary for the repair or replacement of essential heating equipment if the repair or replacement is essential to the health and safety of the household. For more information, see the [Temporary Assistance Sourcebook, chapter 16, section C, Equipment Repairs](#). In accordance with 18 NYCRR 352.23, using and pursuing available resources is a condition of TA eligibility.

Weatherization Assistance Program Referral

All households approved for a HERR benefit must be referred to the New York State Homes and Community Renewal Weatherization Assistance Program (WAP) using the interagency referral form, [DHCR WAP #37](#).

HOME ENERGY ASSISTANCE PROGRAM CLEAN AND TUNE BENEFIT

Benefit Component

The Heating Equipment Clean and Tune (C&T) benefit is available to assist Home Energy Assistance Program (HEAP) eligible homeowners with the cost of cleaning primary heating equipment. This may also include chimney cleaning, minor repairs, and installation of carbon monoxide detectors or programmable thermostats, if needed, to allow for the safe, proper and efficient operation of the heating equipment.

Application Requirements

Applicant households that received a Regular HEAP benefit greater than \$50 during the current program year or are currently in receipt of Cash Assistance (CA) or Supplemental Nutrition Assistance Program (SNAP) benefits, **AND** who have not moved since receiving a current program year Regular HEAP benefit, may apply by completing, signing, dating and submitting to the local social services district (district) the Home Energy Assistance Program Heating Equipment C&T Request for Benefit ([LDSS- 5081](#)).

Applicant households for which the preceding does not apply must complete both the HEAP Application ([LDSS-3421](#)) **and** the Heating Equipment Clean and Tune Request for Benefit ([LDSS-5081](#)). Districts must check the box "Clean and Tune" in the agency use section on page one of the HEAP Application ([LDSS-3421](#)) upon receipt.

- Applicants who do not have an open and active HEAP, Temporary Assistance (TA), or Supplemental Nutrition Assistance Program (SNAP) case will be a HEAP only case.
- Each HEAP Application ([LDSS-3421](#)) and/or HEAP Heating Equipment C&T Request for Benefit ([LDSS-5081](#)) must be date-stamped upon receipt.
- An authorized representative or individual with Power of Attorney may request this benefit on behalf of the applicant. The applicant must designate an Authorized Representative using page four of the HEAP Application ([LDSS-3421](#)), or with a dated and signed statement from the applicant authorizing the individual to request a C&T benefit on their behalf.
- Applicants requesting a C&T benefit who received a Regular HEAP benefit greater than \$50 during the current program year are not required to be interviewed. All other applicants must have an interview. Interviews may be completed by phone or in person.
- Any applicant who is denied a C&T benefit may reapply.

Eligibility Requirements

Applicants must meet all basic HEAP eligibility criteria to be eligible for the HEAP C&T benefit. See the [HEAP Manual](#), Chapter 8 – Basic Eligibility for specific eligibility criteria.

In addition to basic eligibility, all applicants for Heating Equipment C&T must meet the following criteria:

- The applicant must be the homeowner. An applicant attestation to homeownership may be accepted. Districts must request documentation whenever there is reason to question the statement of homeownership.
- The applicant for C&T must have been the homeowner of the property for the 12 months prior to the month of application.
- The applicant must have resided in the dwelling for the 12 months prior to the month of application.
- The dwelling must be the applicant's primary residence. Roadworthy trailers or mobile homes registered with the Department of Motor Vehicles are not considered permanent primary residences.
- The applicant's dwelling must be in compliance with local building and safety codes, must not be in condemned status, and must be safe and structurally sound. The dwelling must not be considered unsafe and/or unfit for habitation.
- The applicant must not have a signed sales contract to sell the dwelling for which they are applying for assistance.
- Eligibility for applicants whose dwelling is in the process of foreclosure or for sale on the open market must be assessed on a case-by-case basis to determine when and if the premises will be vacated by the applicant.
- The primary heating equipment must be older than 12 months prior to the month of application.
- The applicant's primary heating equipment must not have been cleaned and tuned within the past 12 months prior to the month of application.
- In cases where the primary heat source is wood or wood products, the chimney must not have been cleaned within the past 12 months prior to the month of application.
- Applicants with service contracts that include C&T services are not eligible.

Applicants that received a current program year Regular HEAP benefit in an amount of \$50 or less are not eligible for the C&T benefit. However, such applicants who move into an eligible living situation may apply for this component using both the HEAP Heating System Clean and Tune Request for Benefit ([LDSS-5081](#)) and the HEAP Application ([LDSS-3421](#)).

Documentation

Applicants must meet all HEAP documentation requirements to be eligible for the Heating Equipment C&T benefit.

- Applicants who request a benefit using both the HEAP Heating Equipment Clean and Tune Request for Benefit ([LDSS-5081](#)) and the HEAP Application ([LDSS-3421](#)) must provide documentation of residence, identity for each household member, documentation of household income and a valid Social Security Number for each household member.
- Districts must use any permanent documentation available in the applicant's case record or within the agency, if applicable.
- Applicants whose request for the C&T benefit is pended to provide required documentation must be provided the Documentation Requirements form ([LDSS-2642](#)) and the Home Energy Assistance Program Documentation Requirements form ([FIA-1230](#)). A copy must be retained in the case record.

Scope of Benefits and Specifications

The C&T benefit application period will open on October 1, 2021, and benefits will be provided on a first come, first served basis to eligible applicants through September 30, 2022, or until all funding allocated to this component is exhausted, whichever comes first. If an applicant is found eligible for the C&T benefit, the following guidelines must be followed:

- **Prior to beginning any C&T work, the vendor must determine that the heating equipment is operable and safe to operate.**
- **Vendors must not complete a C&T service if it is determined that the heating equipment is inoperable or unsafe to operate.**
- **Vendors must refer customers to the district if at any point during the C&T service it is determined that the heating equipment is inoperable or unsafe to operate.**
- Benefits must not exceed \$400 per applicant.
- Only one C&T benefit will be provided per eligible applicant every 12 months (as determined by the month of application).
- The C&T service must only be performed on the primary heating equipment.
- Vendors must charge the same rate for services performed for households not in receipt of HEAP.
- If any repairs are necessary to ensure the proper and safe operation of the heating equipment, vendors must obtain approval from the district prior to completing this work. **Approved repairs in combination with the C&T service must not exceed \$400.**

Scope of Benefits and Specifications *(continued)*

- The cost of work performed by the vendor for C&T services and the cost of related parts and repairs performed under HEAP are not subject to New York State sales tax.
- Vendors must provide services directly and may not contract out any portion of the work.
- A carbon monoxide detector must be installed if one is not present in the dwelling, or if the current carbon monoxide detector in the dwelling is over five years old.
- A programmable thermostat may be installed, with client consent, if one is not already present in the dwelling.

Referrals and Cash Assistance

Individuals referred to the district due to inoperable or unsafe heating equipment should be directed to apply to have their heating equipment repaired or replaced through the Heating Equipment Repair and Replacement (HERR) component, if that component is open.

Individuals whose heating equipment repair or replacement needs cannot be met through the C&T Program, HERR, or who have been found ineligible through HEAP may, if they apply and are found eligible, have their needs met under Family Assistance (FA), Safety Net Assistance (SNA), Emergency Assistance to Families (EAF), Emergency Safety Net Assistance (ESNA), or Emergency Assistance for Adults (EAA). Department Regulations 18 NYCRR 352.4(d), 352.6(e), 352.7(b), 372.4(b) and 397.5(h) provide districts the ability to meet the costs necessary for the repair or replacement of essential heating equipment if the repair or replacement is essential to the health and safety of the household. For more information, see the [Temporary Assistance Sourcebook, chapter 16, section C, Equipment Repairs](#).

In accordance with 18 NYCRR 352.23, using and pursuing available resources is a condition of TA eligibility.

Processing Timeframes and Client Notification

The district must determine an applicant's eligibility for the C&T within 30 business days of receipt of the completed Heating Equipment Clean and Tune Request for Benefit ([LDSS-5081](#)) and/or HEAP Application ([LDSS-3421](#)). Requests for Heating Equipment C&T benefits may be pended for missing or additional documentation for up to 10 business days if necessary. Any pending timeframes, up to ten business days, will not be counted towards the 30-business day requirement. If the applicant fails to provide the requested documentation by the due date, the benefit request must be denied.

Applicants must be provided an appropriate notice of the eligibility decision made on the request for the C&T benefit no later than 30 business days from the date of receipt of the final vendor invoice for payment. A copy of all notices must be retained in the case record for 6 years, including the current program year.

Vendor code must be utilized for all C&T benefits.

Processing Timeframes and Client Notification *(continued)*

Manual notices must be used for the approval and denial of C&T benefits when CNS is not available. Districts must provide recipients with a completed Home Energy Assistance Program Notice of Eligibility Decision – Approval ([LDSS-3494A](#)) and (**FIA-1230a**) or completed Home Energy Assistance Program Notice of Eligibility Decision – Denial ([LDSS-3494B](#)) and (**FIA-1230b**) when using a manual notice for the C&T benefit.

All manual C&T denials that are not processed through WMS or myWorkspace must be reported on the HEAP Denied Applicant Report under C&T.

Vendor Participation

All HEAP C&T service vendors must have a signed HEAP Heating Equipment Repair and Replacement Vendor Agreement on file with the OTDA HEAP Bureau. In addition, the vendor must have indicated that they will participate in providing C&T services. If a vendor does not currently have this option selected on their Vendor Agreement or would like to initiate participation, the vendor may contact the HEAP Bureau at: (518) 473-0332 or 1-866-270-HEAP (4327).

Each district can find a list of all its participating C&T vendors in the HEAP Participating Vendor listing found in [Centraport](#). This list is updated daily and must be provided to applicants who need to choose a vendor. Districts must confirm vendor participation using this list prior to authorizing a benefit.

Heating Equipment C&T Service Scheduling

Participating C&T vendors are responsible for contacting an eligible applicant to schedule services. If a vendor cannot schedule a C&T service with the applicant within 10 business days of the referral, the vendor must notify the district. The district must then send the applicant a copy of the Documentation Requirements form ([LDSS-2642](#)) and the Home Energy Assistance Program Documentation Requirements (**FIA-1230**), with the “Other” box checked and the following language, “(vendor name) tried to contact you regarding the HEAP Heating Equipment C&T, but was unsuccessful. Please contact us by (date) to resolve this”. If the applicant does not contact the district within the 10-business day pending period to arrange for a C&T of the primary heating equipment, then a HEAP Heating Equipment C&T Notice of Eligibility Decision ([LDSS-5082](#)) must be sent. The box for “you failed to provide the following information,” is checked and the following language inserted “you failed to make arrangements for clean and tune services of your heating equipment by the due date of (date)”.

HEAP Heating Equipment C&T Services Invoice

The HEAP Heating Equipment C&T Services Invoice ([LDSS-5083](#)) is used by both the district and by the vendor.

Districts use this form to notify a vendor that an individual is approved for services. Once an applicant is approved, the district must provide the vendor with the eligible applicant’s name, address and contact information using the Customer Contact Section of the HEAP Heating Equipment C&T Services Invoice ([LDSS-5083](#)).

HEAP Heating Equipment C&T Services Invoice *(continued)*

Districts may use the HEAP Guarantee of Payment Letter ([LDSS-5000](#)) to notify a vendor that an individual is approved for C&T services, and to communicate customer and district information to the vendor.

To receive payment, vendors must return the completed HEAP Heating Equipment C&T Services Invoice ([LDSS-5083](#)) to the district, with the applicant's signature. The following sections of the invoice must be completed prior to returning to the district:

- Services Provided Checklist
 - The vendor must answer each question to identify services performed.
- Customer Section
 - This section is to be completed by the applicant to attest that services have been completed.
- Vendor Use Section
 - The vendor must indicate the total amount for the C&T services, including parts, cost, and labor. NYS sales tax may not be charged on the total cost of work completed.
 - This section must be signed and dated by the technician.

Vendors must perform the C&T services according to the specified industry standards and as outlined in the HEAP Heating Equipment C&T Services Invoice ([LDSS-5083](#)).

Once the vendor returns the completed HEAP Heating Equipment C&T Services Invoice ([LDSS-5083](#)), the district must complete the Agency Use Section on page 2 of this form.

Districts must contact the recipient to confirm the satisfactory completion of the C&T services, including minor repairs, the installation of carbon monoxide detectors and thermostats, if applicable, operation of the heating unit, and the condition of the dwelling upon job completion prior to authorizing payment for C&T benefits.

Payment and Authorizations

Districts must not authorize any C&T payments to vendors for applications received when the C&T program is closed.

Vendors must submit a completed HEAP Heating Equipment C&T Services Invoice ([LDSS-5083](#)) to the district in order for a payment to be authorized. Payments to vendors must not exceed \$400 per benefit.

Special Claiming Code H – “HEAP Prevention” is notated in the HEAP Central system.

Special Claiming Codes for Prevention & Restoration			
Special Claiming Code	HEAP Payment Type Code	Restoration (Claiming Code G – HEAPRSTR)	Prevention (Claiming Code H – HEAP)
H or G	HX - HEAP Regular Benefit Heat Included	√	√
G	H0 - Heating Equipment Repair/Replacement Estimate	√	
H or G	H1 - HEAP Regular Benefit Heater	√	√
H	H2 - HEAP Cooling		√
G	H5 - Emergency Benefit - Repair Heating Equipment	√	
G	H6 - HEAP Emergency Benefit - Shelter/Relocation	√	
G	H7 - Emergency Benefit - Replace Heating Equipment	√	
G	H8 - Emergency Benefit - Propane Tank Deposit	√	
H or G	H9 - HEAP Supplement	√	√
H or G	J1 - HEAP Emergency Benefit - Additional Benefit	√	√
H or G	J2 - HEAP Reissue	√	√
H	J3 - HEAP Clean & Tune		√
H or G	J9 - HEAP Additional Benefit	√	√
H or G	04 - HEAP Emergency Benefit - Non Utility	√	√
H or G	16 - HEAP Emergency Benefit - Domestic Heat Related Utility	√	√
H or G	17 - HEAP Emergency Benefit - Utility	√	√
H	NX - Nominal Payment		√



Date: _____

Case Number: _____

Case Type: _____

Home Energy Assistance Program Documentation Requirements

Please mail to: **PO Box 1401 Church St. Station, New York, NY 10008** or fax to **917-639-2900**, this pending documentation form with all the information that is listed below to this office within ten business days, before _____. **Failure to submit the documentation requested will result in the denial of your Home Energy Assistance Program (HEAP) application**

SAMPLE

(Turn Page)

Pending documentation (continued):

SAMPLE

This requirement is based on New York Social Services Law § 97, 18 N.Y.C.R.R. Part 393, and the current New York State HEAP State Plan. The State Plan is available online at the New York State Office of Temporary and Disability Assistance website:

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



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.

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\$ _____ 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.

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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/>.

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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	

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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 \$ _____

SAMPLE

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**.

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

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

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

To ask for documents or to find out how to look at your file: call (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**.

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FAIR HEARING REQUEST

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

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

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

SAMPLE

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

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

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INCOME ELIGIBILITY GUIDELINES

Household Size	Tier I	Tier II
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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 **

SAMPLE

**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.**

(Turn Page)

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:

SAMPLE

Print Name: _____ Case Number: _____

First Name _____ M.I. _____ Last Name _____ Center: _____

Address: _____ Telephone: _____

Street _____ Apartment _____

City _____ State _____ Zip Code _____

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? 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, Different Identity (Please describe)	RELATION TO ME	SOCIAL SECURITY NUMBER	CITIZEN / NATIONAL OR QUALIFIED ALIEN
					MO.	DAY	YR.					
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 _____

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

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"/> 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.

<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 Gross Bi-Weekly Income x 2.166666 Gross Weekly Income x 4.333333		REGULAR BENEFIT (EMERGENCY USE PART B)	
		<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	
TOTAL INCOME \$		Benefit \$ _____	
<input type="checkbox"/> Application compared to previous information <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", 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.

যদিআপনিএইফর্মটিংরেজীতেপেচেনতহলে 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 <small>If you answered NO, do not complete this form</small>	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 <small>If you answered NO to both of the prior questions, you cannot register to vote.</small>	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	
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.

Home Energy Assistance Program Emergency Benefit Budget Worksheet

Application Date	Case Number	Last 4 SSN
Applicant Name (First) (Middle Initial) (Last)		
Address		Phone Number
Has the applicant's household composition changed? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant moved since filing the regular benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No If either of the above are Yes , the applicant must file a new application and submit full documentation.		
Was the applicant part of the original HEAP household? <input type="checkbox"/> Yes <input type="checkbox"/> No If No , the applicant must file a new application and submit full documentation.		
Is this the applicant's primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Do temporary absence rules apply? <input type="checkbox"/> Yes <input type="checkbox"/> No		
TYPE OF EMERGENCY		
Type of Heat: <input type="checkbox"/> fuel oil <input type="checkbox"/> kerosene <input type="checkbox"/> propane <input type="checkbox"/> coal <input type="checkbox"/> corn <input type="checkbox"/> wood <input type="checkbox"/> pellets <input type="checkbox"/> gas <input type="checkbox"/> electric <input type="checkbox"/> other _____		
Type of Emergency: <input type="checkbox"/> Heating: <input type="checkbox"/> out of fuel <input type="checkbox"/> less than a 1/4 tank of fuel <input type="checkbox"/> less than 10 day supply <input type="checkbox"/> terminated <input type="checkbox"/> scheduled for termination on _____		
<input type="checkbox"/> Heat Related Electric <input type="checkbox"/> terminated <input type="checkbox"/> scheduled for termination on _____		
<input type="checkbox"/> Temporary Relocation Reason: _____		
<input type="checkbox"/> Propane Tank Deposit Reason: _____		
VERIFICATION		
Non-Utility		
<input type="checkbox"/> Collateral contact with the vendor. Vendor Name: _____ Acct.#: _____ Contact name: _____ Date: _____ Date of last delivery: _____ Credit remaining: \$ _____		
<input type="checkbox"/> Written statement from vendor <input type="checkbox"/> Applicant is customer of record		
Utility <input type="checkbox"/> Main heating source <input type="checkbox"/> Combined gas & domestic electric		
<input type="checkbox"/> Utility website Date: _____ Acct.#. _____		
<input type="checkbox"/> Collateral contact with vendor. Contact name: _____ Date: _____		
<input type="checkbox"/> Applicant is customer of record		
Domestic Electric Utility Only		
<input type="checkbox"/> Utility Website Date: _____ Acct.#. _____		
<input type="checkbox"/> Collateral contact with vendor. Contact Name: _____ Date: _____		
<input type="checkbox"/> Applicant is customer of record		

INCOME					
This section does not apply to households containing an active TA, SNAP or Code A SSI recipient.					
Has the household's total gross monthly income increased by more than \$200?					
<input type="checkbox"/> Yes. Applicant must file a new application and submit full documentation.					
<input type="checkbox"/> No.					
HOUSEHOLD RESOURCES					
All household members must be resource tested.					
Resource	Yes	No	Account Name	Bank or Financial Institution	Amount
Cash on Hand					\$
Savings, Checking, CD's					\$
Stocks, Bonds					\$
IRA, 401K, Annuity, etc.					\$
Other Liquid Resources					\$
Total Resources					\$
Deduct standard exclusion \$2,000/\$3,000 (\$3,000 for applicants aged 60 or older)					-\$
Deduct other allowable resources					-\$
TOTAL AVAILABLE RESOURCES					\$

AGENCY USE ONLY			
Emergency resolution date: _____			
Emergency Resolution:			
<input type="checkbox"/> Service Continued	<input type="checkbox"/> Service Restored : _____	<input type="checkbox"/> Household provided with safe supplemental heat	
<input type="checkbox"/> Client has access to temporary alternate housing	<input type="checkbox"/> Other _____		
Guarantee submitted to vendor: <input type="checkbox"/> through utility website <input type="checkbox"/> fax <input type="checkbox"/> e-mail <input type="checkbox"/> telephone			
<input type="checkbox"/> Delivery arranged for _____			
<input type="checkbox"/> Other _____			
Were all members in the household resource tested? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Emergency Benefit Application is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied, Reason: _____ Date: _____			
Benefit Type _____ Amount _____ Vendor _____ Account Number _____			
Benefit Type _____ Amount _____ Vendor _____ Account Number _____			
<input type="checkbox"/> Propane tank deposit. Vendor: _____			
<input type="checkbox"/> County provided temporary relocation. Vendor: _____			
Notes and Comments:			
Worker Signature:	Date:	Supervisor Signature:	Date:

2021-2022 Home Energy Assistance Program Desk Guide

INCOME ELIGIBILITY GUIDELINES*			INELIGIBLE LIVING SITUATIONS
HH Size	Tier I	Tier II	Households in the following living situations are not eligible
1	0 - 1,395	1,396 - 2,729	<ul style="list-style-type: none"> • Individuals paying room or room and board in a private residence • Individuals temporarily housed in a motel or hotel or recreational vehicle • Dormitories, agency boarding homes, groups or institutions (licensed and unlicensed) except those listed below • Migrant or seasonal farm workers with no heating or heat-related expenses • Individuals who have no responsibilities for heating costs and do not make payments for heat in the form of rent • Individuals living in roadworthy motor vehicles or vans • Residents of government provided housing on military bases with no heating or heat related expenses
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	
14+	+492**	+568**	Households in the following living situations may be eligible for \$21 benefit. See <u>HEAP Manual</u> for eligibility criteria
			<ul style="list-style-type: none"> • Tenants of government subsidized housing with heat included in rent. Households that pay heat-related electricity may be eligible for emergency benefits. • Residents in specific group living situations. See <u>HEAP Manual</u> for specific WMS Codes/living situations. • NYSNIP participants with Shelter Codes 96 or 97

Categorical Eligibility: A household is categorically income eligible (Tier I) if at least one member of the HEAP household is in receipt of recurring FA, SN, SNAP, or Code A SSI benefits.

*Convert weekly income to monthly by multiplying income by 4.333333 / *Convert bi-weekly income to monthly by multiplying income by 2.166666.

** Amount increased per household member.

DOCUMENTATION			
Residence	Social Security Number	Income	Identity
<ul style="list-style-type: none"> • Current Rent Receipt with name and address • Statement from Landlord • Utility Bill • Copy of Lease with address • Water, Sewage or Tax Bill • Homeowner's/Renter's Ins. Policy • Mortgage Payment Book or Receipts with address 	<ul style="list-style-type: none"> • A valid Social Security Number must be provided for all household members 	<ul style="list-style-type: none"> • Pay Stubs for the most recent four (4) weeks • Business records for the most recent (3) months OR filed federal tax return for the current year, including all applicable schedules if self-employed or receiving rental income • Child support or alimony/spousal support order or check • Interest/Bank/Dividend or Tax Statement • Copy of award letter or official correspondence (SS/SSI/SSD, VA, UIB, WC, Pensions, etc.) • SDX • SOLQ 	Provide one of the following: <ul style="list-style-type: none"> • Driver's License • Photo ID • US Passport or Naturalization Certificate • Adoption Papers, Hospital or Doctor's Records • School Records <p style="text-align: center;">OR</p> Provide two of the following: <ul style="list-style-type: none"> • Birth Certificate or Baptismal certificate • Validated Social Security Card • Statement from another person
	Vendor Relationship		
Age—under 6 years or 60 or older	Disabled		CITIZENSHIP ELIGIBILITY CRITERIA
<ul style="list-style-type: none"> • Birth Certificate • Baptismal Certificate with date of birth • Passport • Driver's License 	<ul style="list-style-type: none"> • SSA Award Letter • Written Statement of Eligibility for Benefits • SOLQ 		<ul style="list-style-type: none"> • Applicant attestation

This desk guide is intended as a reference and must be used in conjunction with policy and procedures established by OTDA and the HEAP Manual.

REGULAR HEAP		
DELIVERABLE FUELS (Oil, Kerosene, Propane)	ADD ON AMOUNTS The following amounts are added to the base benefit, if applicable	
BASE BENEFIT = \$675	+ \$41 for Tier I Household + \$35 for Vulnerable Member in Household	
DELIVERABLE FUELS (Wood, Pellets, Coal, Corn)		
BASE BENEFIT = \$525		
UTILITIES/MUNICIPAL ELECTRIC HEAT (Natural Gas, PSC Regulated Utilities and Municipal Electric Heat)	HEAT INCLUDED BENEFITS	
BASE BENEFIT = \$350	Tier I = \$50 Tier II = \$45 Heat and Eat = \$21	
EMERGENCY HEAP		
Income Guidelines	Customer of Record	
The maximum eligibility guidelines are utilized. A household is categorically income eligible and placed in Tier I if at least one member of the HEAP household is in receipt of recurring FA, SN, SNAP, or Code A SSI.	Applicant must meet customer of record requirements.	
Resources	Residence	
All available liquid resources must be explored. Applicant households may not have available liquid resources in excess of \$2000 (or \$3000 if the household contains a member age 60 or older) for heat/heat-related emergencies. The <u>HEAP Manual</u> contains a list of resource exemptions.	The applicant must currently reside in the dwelling for which assistance is requested and the residence must be the applicant's primary residence.	
Benefits		
Utility Emergencies (Heat or Heat-Related Only) Each utility benefit ensures a minimum of thirty (30) days of prospective service.		Non-Utility Heating Emergencies
Category	Benefit	Oil, Kerosene, Propane: A one-time benefit of \$675 is authorized
Heat-Related Domestic	\$140	Wood, Pellets, Coal, Corn, Other: A one-time benefit of \$525 is authorized
Natural Gas Heat Only	\$350	
Natural Gas Heat Combined with Heat-Related Domestic	\$490	Propane Tank Installation and Deposit: Maximum of \$500 per program year
Electric Heat	\$490	Temporary Relocation: Maximum of \$500 per program year