



OFFICE OF POLICY, PROCEDURES, AND TRAINING

POLICY BULLETIN #22-26-OPE

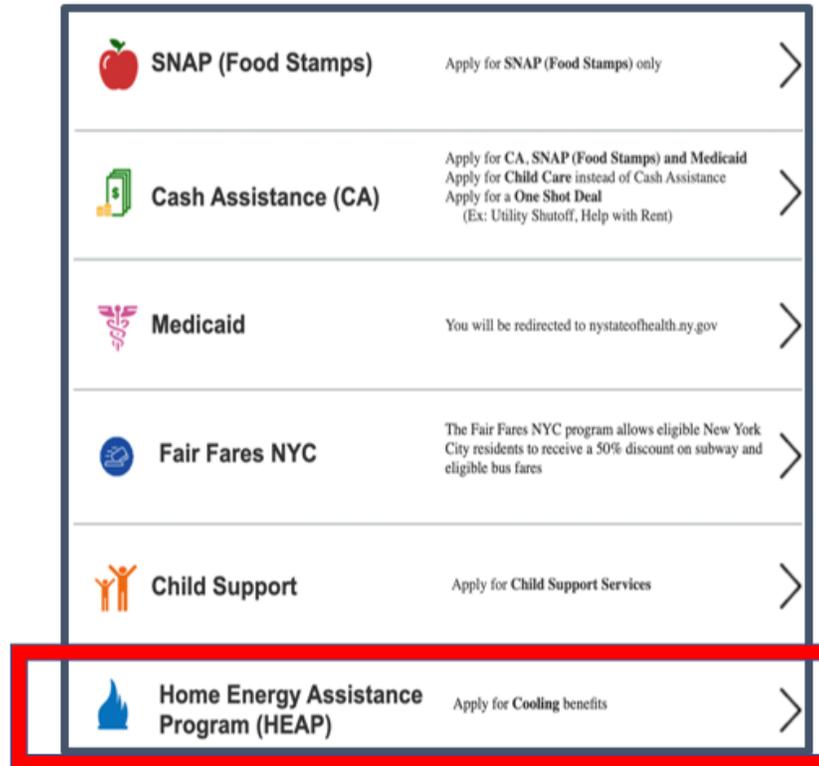
ACCESS HRA EXPANSION TO INCLUDE HOME ENERGY ASSISTANCE PROGRAM

<p>Date: May 10, 2022</p>	<p>Subtopic(s): ACCESS HRA, HEAP</p>
	<p>The purpose of this policy bulletin is to inform Job Center, Non-Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Center, HIV/AIDS Services Administration (HASA), and Home Energy Assistance Program (HEAP) staff of the expansion of ACCESS HRA (AHRA) to encompass the HEAP Cooling Assistance Component (CAC) beginning on May 2, 2022. This policy bulletin is informational for all other staff.</p> <p><u>Cooling Assistance Component</u></p> <p>The HEAP CAC provides for the purchase and installation of air conditioners or fans. CAC benefits are available for HEAP eligible households residing in an eligible living situation. No additional HEAP cash benefits are available.</p> <p>Note: For the 2021-2022 HEAP program year, it is not required for individuals to have a medical condition worsened by the heat to receive HEAP CAC benefits. Applicants are no longer required to attest to or supply documentation for a household member’s medical condition.</p> <p>Additionally, the applicant household must not have a working air conditioner newer than five years old or have received a HEAP-funded air conditioner in the past five years.</p> <p>Applications for the 2021-2022 CAC must be accepted starting on Monday, May 2, 2022. Benefits will be provided on a first come, first served basis to eligible applicants through August 31, 2022, or until funds are no longer available, whichever comes first.</p>

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

ACCESS HRA UPDATES

The following screenshot shows the expansion of AHRA to encompass the HEAP Cooling benefit.



The HEAP Cooling Application is available online, citywide, and from Personal Computer (PC) Banks at Job Centers at the following website: <https://a069-access.nyc.gov/accesshra/>

HEAP applicants/participants will need to enter their Date of Birth (DOB) and Social Security Number (SSN) to view their HEAP status on the HEAP Account.

HEAP applicants without an SSN are unable to submit an online application at this time. They must be directed to call Infoline at (718) 557-1399 to request a HEAP Application (**LDSS-3421**) and/or the HEAP Cooling Assistance Request for Benefit (**LDSS-4992**). Infoline staff must determine the appropriate HEAP form(s) to mail to the applicant. The required forms are described on page 4 of this policy bulletin.

Complete Account Setup

Have you applied for or received any of the following in the last year? Required

- Cash Assistance
- Fair Fares NYC
- Home Energy Assistance Program (HEAP) benefits
- Medicaid
- SNAP (Food Stamps)

Yes

No

In order to find your cases, we need to know who you are. Which of the following would you like to provide? ? Required

Please enter the information of the person you listed to be the head of your case.

Social Security Number (SSN)

ID Number (CIN)

Fair Fares ID Number

SSN Required

Date of Birth Required

MM/DD/YYYY

[Next](#) [Skip](#)

HEAP ACCOUNT

The HEAP Account is accessible online, citywide, and in PC Banks, displaying:

- HEAP Application Status / Case Status
- HEAP Payment Information such as payment type, payment date, and payment amount.
- HEAP Utility Vendor

Application In Progress	Active Benefits
<p>HEAP - Cooling Assistance</p> <p>Application Received</p> <p>Pending documents or HEAP's review</p> <p>HEAP Season: 2021-2022</p> <p>→</p>	<p>HEAP - Regular Benefit</p> <p>Benefit Paid</p> <p>HEAP Season: 2021-2022</p> <p>→</p>

HEAP Cooling Application

An individual can fill out a Home Energy Assistance Program Cooling Assistance Request for Benefit ([LDSS-4992](#)) only, if any of the following apply:

- Received a regular HEAP benefit greater than \$21 during the current program year;
- Received a benefit equal to \$21 during the current program year and reside in government subsidized housing with heat included in their shelter costs; or
- Are currently receiving active Cash Assistance (CA) or Supplemental Nutrition Assistance Program (SNAP) benefits.

Note: Government subsidized housing includes NYC shelter codes **02** (Rent Public), **38** (Subsidized Housing Non-Certificate), **40** (Section 8 Voucher 30% Limit), **96** (SSI High Shelter), and **97** (SSI Low Shelter). Applicants who reside in group homes or congregate care shelter types, which qualifies them for a \$21 Regular benefit, are not eligible for CAC.

Applicant households must complete both the HEAP Application ([LDSS-3421](#)) **and** the HEAP Cooling Assistance Request for Benefit ([LDSS-4992](#)) if they:

- Did not receive a Regular benefit greater than \$21 in the most recent program year;
- Received a Regular HEAP benefit equal to \$21 and do not reside in government subsidized housing with heat included in their shelter costs;
- Received their Regular benefit for the current program year on a CA or SNAP case, but are no longer in receipt of ongoing CA or SNAP; or
- Received a Regular benefit greater than \$21 in the current program year, but have subsequently moved to a living situation which no longer qualifies them for a benefit greater than \$21, with the exception of government subsidized housing with heat included in their shelter costs.

ACCESS HRA HEAP Cooling Online Flow

If an individual meets the requirements to apply using only the HEAP Cooling Assistance Request for Benefit (**LDSS-4992**) as outlined above, they will only complete the **LDSS-4992** and will be taken directly to the Submission section.

This is the Fast Track option, and applicant will complete the following:

- Applicant Details
- Residence
- Mailing Address
- Contact Information

If an individual must complete a HEAP Application (**LDSS-3421**) in addition to the HEAP Cooling Assistance Request for Benefit (**LDSS-4992**), they will need to go through a blank HEAP Application and fill out the following:

- Applicant Details
- Residence
- Mailing Address
- Contact Information
- Household Information
- Income Information
- Interest and Investment Information
- Expenses Information (heat and utility)

Completion of the HEAP Cooling Application on ACCESS HRA

Applicants/Participants are able to provide an electronic signature for the HEAP Application (**LDSS-3421**) on AHRA.

A pdf application summary of the applicant/participant's application is committed to the HRA One Viewer for staff, and an electronic version is saved in the applicant's/participant's AHRA account.

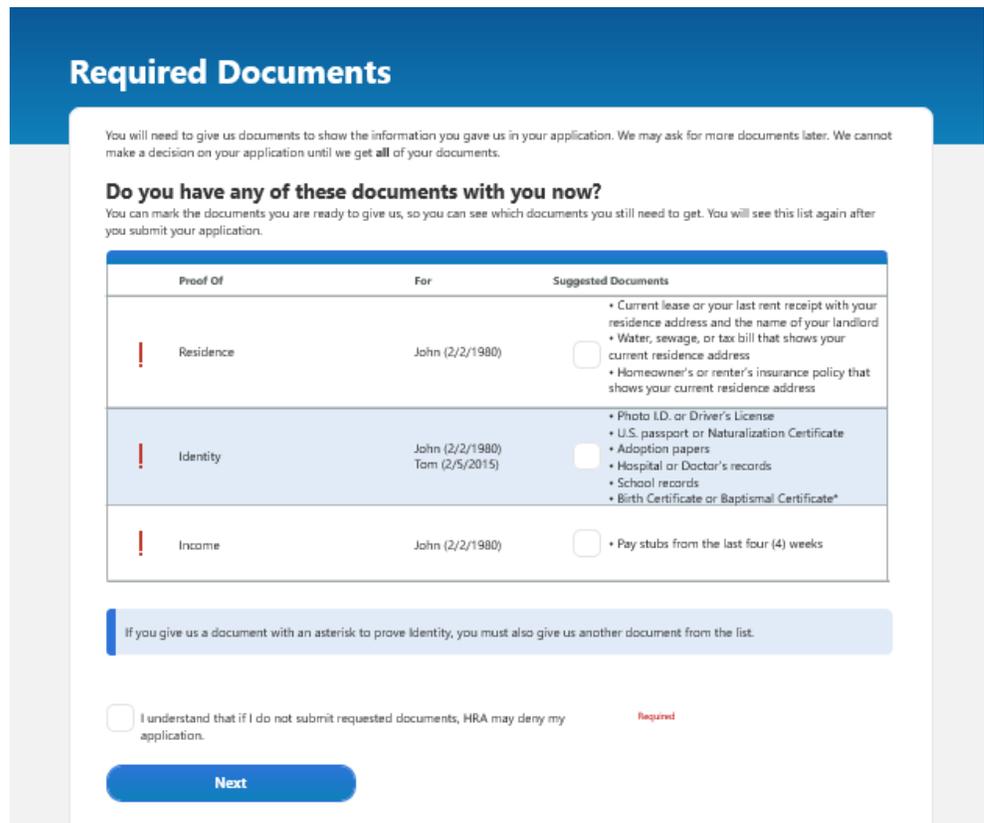
A blank Voter Registration form is included at the end of every PDF, which is stored in the applicant/participant's AHRA account. The applicant/participant will need to print, sign, and submit this Voter Registration form.

Documentation to be Submitted

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

Note: Fast Track participants (those who received a regular HEAP benefit during the current HEAP season) will not need to submit any required documents.

Refer to the following screenshot.



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

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

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

HEAP Staff Responsibilities

Applicant/Participant data from the AHRA Cooling application will be pre-populated into the HEAP system for staff. HEAP staff will no longer need to data enter the HEAP Cooling Assistance application fields into the HEAP system.

To access the new cases transmitted from AHRA to the HEAP system, HEAP supervisors will click on the **Application Distribution to Determine Eligibility** queue in the HEAP system, then the **Cooling Benefit** queue. The cases from the **Cooling Benefit** queue will be distributed to caseworkers for eligibility review.

The AHRA confirmation number for a case is only displayed on the **Cooling Benefit** queue screen.

Note: When HEAP receives a case from AHRA and if the SSN is known to HEAP, it will be checked against existing information (First Name, Last Name, DOB) in the HEAP system. If those items (First Name, Last Name, DOB) do not match, an invalid SSN will be used to process the case in the HEAP system. The invalid SSN will start with 9xx-xx-xxxx.

In this scenario, the caseworker must retrieve the original SSN used in the HEAP Cooling application submission from the HEAP ShareDrive. The instructions for accessing the pdf application summary are in the [HEAP Staff Responsibilities for Reviewing and Indexing Documents](#) section of this policy bulletin.

Once the case is assigned to a caseworker, it will appear on the caseworker's **Eligibility** queue. The caseworker will review the case and complete the eligibility for that case. The caseworker must review the applicant/participant data that is pre-populated in the HEAP system. The caseworker must also open the ACCESS HRA HEAP Cooling Summary in the HRA One Viewer.

The caseworker will also place an outbound call to the applicant/participant to conduct the HEAP interview. **Note:** Applicant households applying with both the HEAP Application (**LDSS-3421**) and the HEAP Cooling Assistance Request for Benefit (**LDSS-4992**) are required to have an interview either in person or by telephone.

Once the caseworker is done with the case, it goes to the **Application Distribution for Certification** queue. The cases in this queue will be distributed to certifiers to review and certify.

Once the case is assigned to a certifier, the case will appear on the certifier's **Certification** queue. The certifier will review the case and certify the case as Approved/Denied/Pending for documentation.

Once the case is certified, the HEAP system will generate the relevant forms, which are sent via mail:

- Home Energy Assistance Program (HEAP) Notice of Eligibility Decision – Approval (**FIA-1230a**)
- HEAP Program Notice of Denial (**FIA-1230b**)
- Home Energy Assistance Program Documentation Requirements (**FIA-1230**)

Once the case is certified, the case information can be seen in the **Inquiries** tab, in the **View Application Details – Low Income Cases Only** link.

Once the link is selected, HEAP staff will be able to view cases for the HEAP season. The current HEAP season is displayed as **HEAP42 2021-2022** in the HEAP system.

Refer to **Attachment A** for screenshots of this flow.

HEAP Staff Responsibilities for Reviewing and Indexing Documents

When a Cooling Assistance applicant submits documents through the AHRA self-service mobile application, the pdf files are organized and saved in a folder labeled with the AHRA confirmation number. The pdf application summary of the applicant's Cooling Assistance application is also saved in the same folder. There is a separate folder for each respective AHRA confirmation number.

These files are transferred to the HEAP ShareDrive - [\\storagemtc03\HEAP_AHRA_ClientDocs](#).

Documents submitted through AHRA mobile application

Refer to **Attachment B** for screenshots of this flow.

HEAP staff will review the documents in the HEAP ShareDrive and index documents to the HRA One Viewer using SSN, as per usual process.

Refer to the [HRA Scanning/Indexing Application](#) and the [HRA Indexing Training Manual](#) for more information.

Documents submitted by mail, fax, or in-person

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

Effective Immediately

References:

[GIS 22 TA/DC029](#)

Related Item:

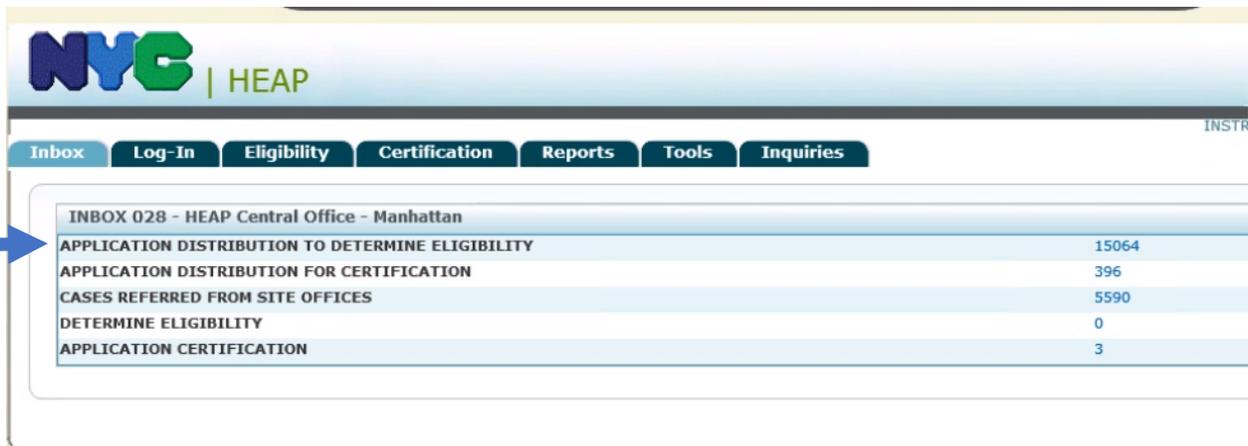
[PD#21-01-ELI](#)
[HRA-PB-2019-008](#)
[HRA Indexing Training Manual](#)
[HRA Scanning/Indexing Application](#)

Attachments:

- Attachment A** Finding ACCESS HRA Cooling Application Cases in the HEAP System
- Attachment B** HEAP Staff Responsibilities for Reviewing and Indexing Documents
- FIA-1230** Home Energy Assistance Program Documentation Requirements (Rev. 12/10/2020)
- FIA-1230a** Home Energy Assistance Program (HEAP) Notice of Eligibility Decision – Approval (Rev. 1/6/2022)
- FIA-1230b** HEAP Program Notice of Denial (Rev. 7/13/2021)
- LDSS-3421** Home Energy Assistance Program Application (Rev. 5/20)
- LDSS-4992** Home Energy Assistance Program Cooling Assistance Request for Benefit (Rev. 7/21)

FINDING ACCESS HRA COOLING APPLICATION CASES IN THE HEAP SYSTEM

1. New cases from ACCESS HRA will appear in the **Application Distribution to Determine Eligibility** queue.



NYC | HEAP

Inbox Log-In Eligibility Certification Reports Tools Inquiries INSTR

INBOX 028 - HEAP Central Office - Manhattan

APPLICATION DISTRIBUTION TO DETERMINE ELIGIBILITY	15064
APPLICATION DISTRIBUTION FOR CERTIFICATION	396
CASES REFERRED FROM SITE OFFICES	5590
DETERMINE ELIGIBILITY	0
APPLICATION CERTIFICATION	3

2. The new Cooling Application cases from ACCESS HRA will appear in the **Cooling Benefit** queue.



NYC | HEAP

Inbox Log-In Eligibility Certification Reports Tools Inquiries home

CASES ELIGIBLE FOR DISTRIBUTION: 15243

Number of Cases	Benefit Type
1	BOILER REPAIR
1	CLEAN AND TUNE
6	COOLING BENEFIT
22	PRIMARY EMERGENCY
1	HEAT RELATED DOMESTIC EMERGENCY
12037	REGULAR GRANT
3175	REGULAR ARREARS SUPPLEMENT

ATTACHMENT A

3. The **Cooling Benefit** queue is displayed. The AHRA Confirmation Number is **ONLY** available on the **Cooling Benefit** queue screen.

The cases from the **Cooling Benefit** queue will be distributed to caseworkers for eligibility review.

Select	SSN	Last Name	First Name	LOGGED DATE	LOGGED BY	BEN TYPE	AHRA Conf. No.	DOCS
<input type="checkbox"/>				03/24/2022	HRA,Access	COL	100	Scanned Supporting Docs
<input type="checkbox"/>				03/24/2022	HRA,Access	COL	100	Scanned Supporting Docs
<input type="checkbox"/>				05/05/2016	Rodriguez,Ruby	COL		Scanned Supporting Docs
<input type="checkbox"/>				06/23/2017	Regular,Certifier	COL		Scanned Supporting Docs
<input type="checkbox"/>				05/05/2016	Rodriguez,Ruby	COL		Scanned Supporting Docs
<input type="checkbox"/>				05/03/2016	Rodriguez,Ruby	COL		Scanned Supporting Docs
<input type="checkbox"/>				05/05/2016	Rodriguez,Ruby	COL		Scanned Supporting Docs
<input type="checkbox"/>				05/05/2016	Rodriguez,Ruby	COL		Scanned Supporting Docs

4. Once the case is assigned to the caseworker, it will appear on the caseworker's **Eligibility** queue. The caseworker will review the case and complete the eligibility for that case.

SSN	CASE NAME	APPL DATE	LOGGED DATE	LOGGED BY	BEN TYPE	DOCS
222-22-1111	TEST, COOLING	10/19/2021	10/19/2021	Regular, Certifier	COL	Scanned Supporting Docs

- Once the casework is done with the case, it goes to the **Application Distribution for Certification** queue.

February 17, 2022 home print

NYC | HEAP

INST

Inbox **Log-In** **Eligibility** **Certification** **Reports** **Tools** **Inquiries**

INBOX 028 - HEAP Central Office - Manhattan	
APPLICATION DISTRIBUTION TO DETERMINE ELIGIBILITY	15265
APPLICATION DISTRIBUTION FOR CERTIFICATION	506
CASES REFERRED FROM SITE OFFICES	5847
DETERMINE ELIGIBILITY	1
APPLICATION CERTIFICATION	2

- Cases in the **Application Distribution for Certification** queue will be distributed to certifiers to review and certify.

February 17, 2022 home print help logout
Welcome Regular, Certifi

NYC | HEAP

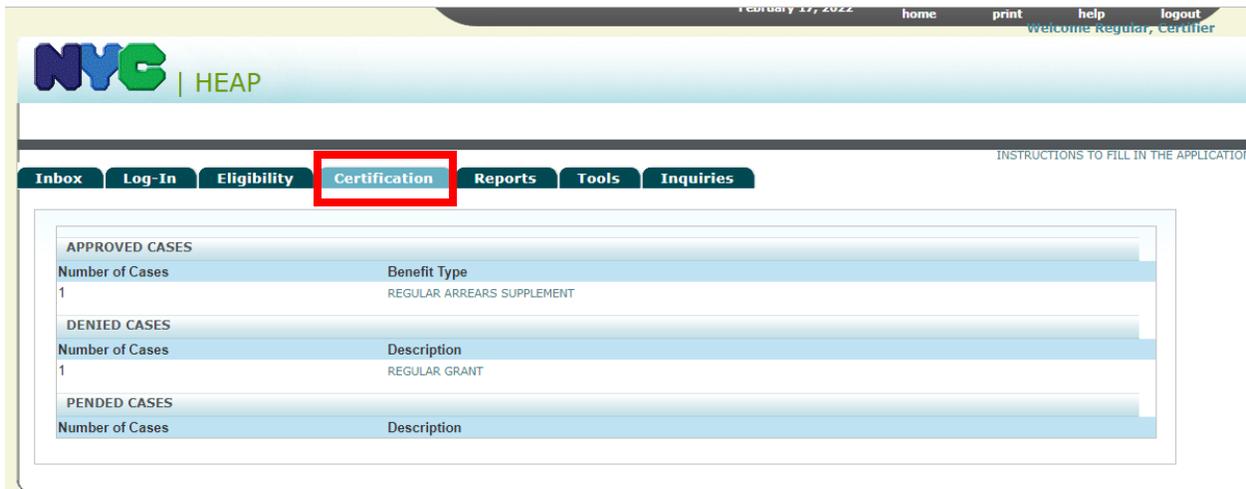
INSTRUCTIONS TO FILL IN THE APPL

Inbox **Log-In** **Eligibility** **Certification** **Reports** **Tools** **Inquiries**

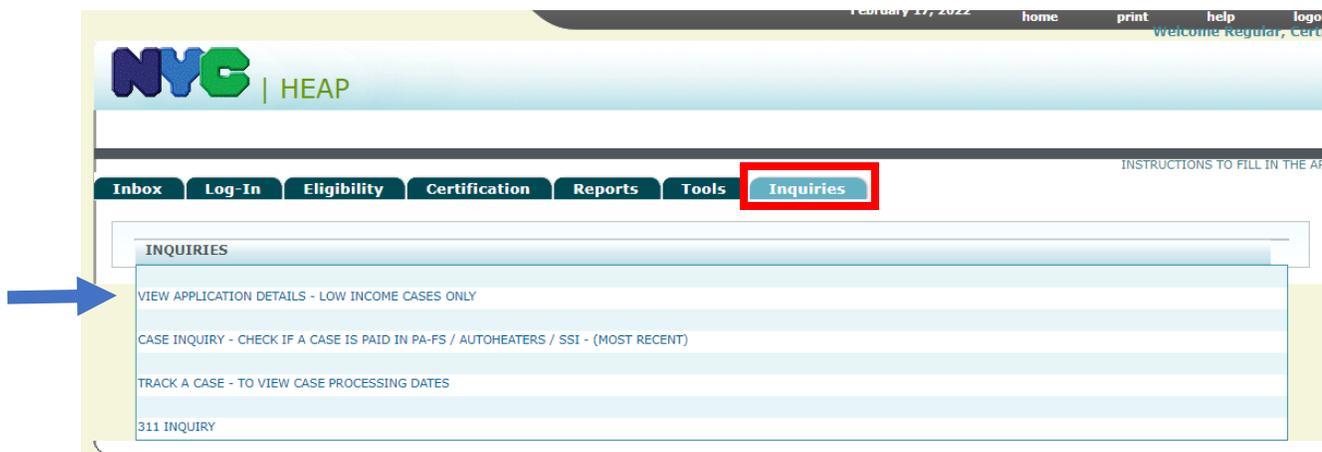
APPROVED CASES	
Number of Cases	Benefit Type
186	REGULAR GRANT
164	REGULAR ARREARS SUPPLEMENT
DENIED CASES	
Number of Cases	Description
3	COOLING BENEFIT
95	REGULAR GRANT
60	REGULAR ARREARS SUPPLEMENT
PENDED CASES	
Number of Cases	Description
2	REGULAR GRANT

ATTACHMENT A

- Once the case is assigned to a certifier, the case will be in that certifier's **Certification** queue. The certifier can review the case and certify the case as Approved/Denied/Pending for documentation.



- Once the case is certified, the case information can be seen in the **Inquiries** tab, in the **View Application Details – Low Income Cases Only** link.



ATTACHMENT A

9. Click on the link to view cases for the current HEAP season – (HEAP42 2021-2022).

The screenshot shows the NYC HEAP website interface. At the top left is the NYC logo and 'HEAP'. A navigation bar contains links for 'Inbox', 'Log-In', 'Eligibility', 'Certification', 'Reports', 'Tools', and 'Inquiries'. Below this is a 'SELECT A YEAR' section with a list of links for different HEAP seasons. A blue arrow points to the first link: 'View Cases For Heap Season (HEAP42 2021 - 2022) - Current Season'. Other links include seasons from 2020-2021 down to 2010-2011. The right side of the page is partially obscured by a yellow box.

SELECT A YEAR
View Cases For Heap Season (HEAP42 2021 - 2022) - Current Season
View Cases For Heap Season (HEAP41 2020 - 2021)
View Cases For Heap Season (HEAP40 2019 - 2020)
View Cases For Heap Season (HEAP39 2018 - 2019)
View Cases For Heap Season (HEAP38 2017 - 2018)
View Cases For Heap Season (HEAP37 2016 - 2017)
View Cases For Heap Season (HEAP36 2015 - 2016)
View Cases For Heap Season (HEAP35 2014 - 2015)
View Cases For Heap Season (HEAP34 2013 - 2014)
View Cases For Heap Season (HEAP33 2012 - 2013)
View Cases For Heap Season (HEAP32 2011 - 2012)
View Cases For Heap Season (HEAP31 2010 - 2011)

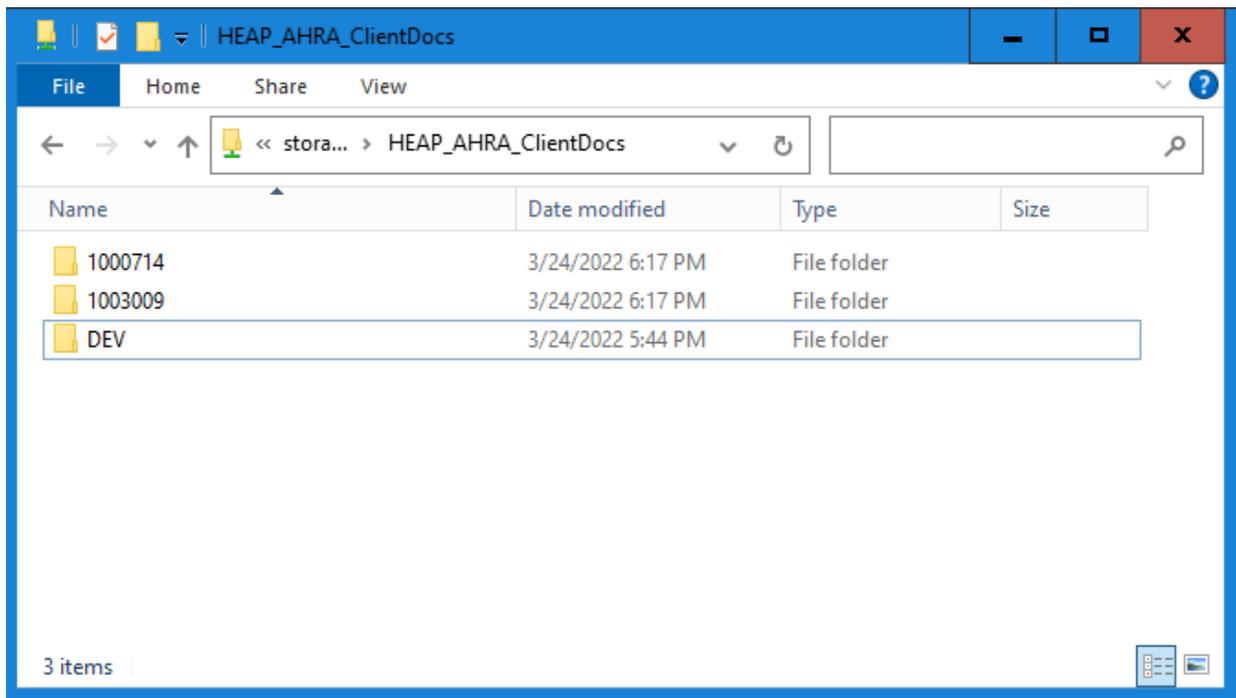
HEAP Staff Responsibilities for Reviewing and Indexing Documents

1. HEAP staff will navigate to the ShareDrive - \\storagemtc03\HEAP_AHRA_ClientDocs.

Note: Only select staff have access to the directory below. If you require access, contact Richard Claudio, Laura Spriggs, Angel Munoz, Shiran Ybanez. Please include the full network path in your request -

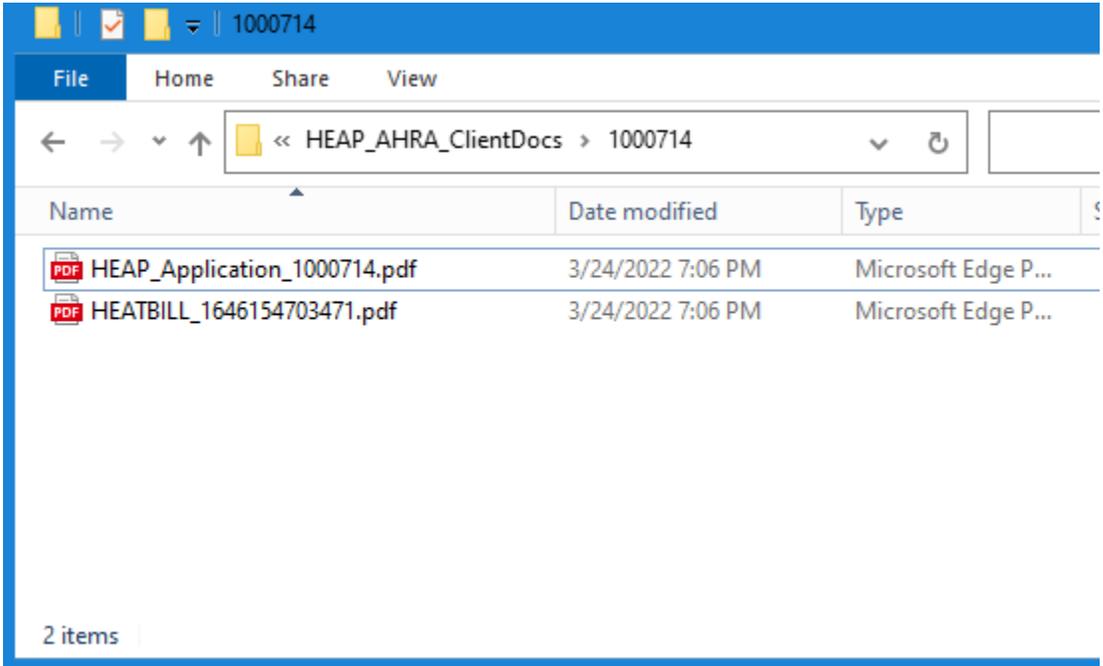
\\storagemtc03\HEAP_AHRA_ClientDocs.

2. Folders are displayed with the AHRA confirmation number.



ATTACHMENT B

3. All AHRA HEAP related applicant/participant documents will appear in these folders.



ATTACHMENT B

4. Below is an example of a document found in the folder.

NYC
Human Resources Administration
Home Energy Assistance Program (HEAP) Online Application

1 Application Submitted 2 Return Documents 3 Interview

1 **Success! Submitted on 3/21/2022 at 1:55PM**
Confirmation Number: 1000704

You requested the following HEAP benefit:

- **Cooling Assistance**

✓ We sent you a confirmation email, if you gave an email address.

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

We may need you to give us more documents after we review your application. We will send you a notice with the full list of documents we need you to give us. This notice will tell you when you need to give us these documents. **all** these documents by that date, we may deny your application.

Proof Of	For	Suggested Documents
Residence	Mike(9/1/1980)	Current rent receipt with name and address of tenant and landlord Water, sewage, or tax ill Homeowner's/Renter's Insurance Policy

5. Staff will index documents to the HRA One Viewer using SSN, as per usual process.



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.

(Turn Page)

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

\$ _____ to repair or replace primary heating equipment.

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

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

Cooling HEAP Benefits Amount: \$ _____
This is a one-time benefit for the purchase and installation of an air conditioner.

Clean and Tune HEAP Benefits Amount: \$ _____

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

HOW WILL MY HEAP BENEFITS BE ISSUED?

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

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

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

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

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

(Turn Page)

HOW WILL MY HEAP BENEFITS BE ISSUED? (continued)

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

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

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

HOW IS MY HEAP BENEFIT CALCULATED?

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

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

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

Emergency HEAP benefits are calculated based on the following factors:

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

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

This decision is based on New York Social Services Law § 97, 18 N.Y.C.R.R. Part 393, and the current NYS HEAP State Plan. The State Plan is available online at the New York State Office of Temporary and Disability Assistance website at: <http://otda.ny.gov/programs/heap/>.

(Turn Page)

Table 1:
INCOME ELIGIBILITY GUIDELINES

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

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

Table 2
REGULAR HEAP BENEFIT

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

(Turn Page)

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

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

Enter Amounts

1. Main Heating Source Type

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

2. Vulnerable member of your Household.

Your household contains someone:

Under age 6 Age 60 or older Disabled

None of the above \$ _____

3. Income Tier

Monthly Income: \$ _____ Household Size: _____

Income Tier: _____ \$ _____

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

4. Add Lines 1, 2, and 3

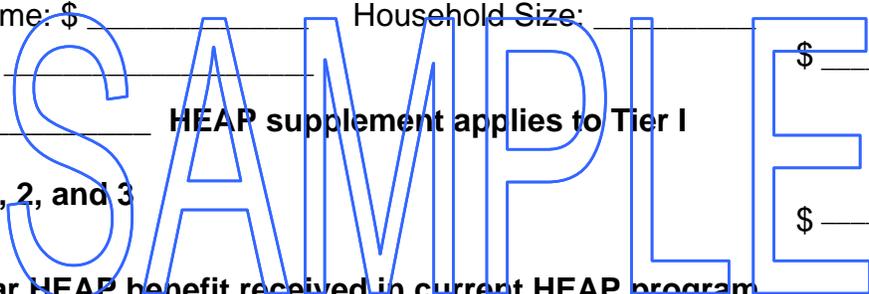
\$ _____

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

\$ _____

6. Subtract Line 5 from line 4

Total Benefit \$ _____



Emergency HEAP Benefit Amounts

Emergency Situation (Fuel Type)	
PSC Heat Related Domestic Only	\$185
Natural Gas Heat Only	\$465
Natural Gas Combined with Heat Related Domestic	\$650
Electric Heat	\$650
Wood, Pellets, Coal, Corn	\$700
Non-Utility Heating (oil, kerosene and propane)	\$955

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/>.

(Turn Page)

INFORMATION SECTION

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

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

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

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

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

CONFERENCE AND FAIR HEARING INFORMATION

AGENCY CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (a conference is an informal meeting or phone call with us). To do this, call **(212) 331-3126** or write to us at the address on page 1 of this notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you participate in a conference, you are still entitled to a Fair Hearing.

STATE FAIR HEARING

How to ask for a Fair Hearing: If you believe the decision(s) we are making is/are wrong, you may request a State Fair hearing by telephone, writing, fax, in person or online.

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

(2) ONLINE: Complete an online request form at:
<http://otda.ny.gov/oah/>

(3) WRITE: Send a copy of the entire notice, with the "Fair Hearing Request" section completed, to:

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

(Please keep a copy for yourself.)

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

(5) IN PERSON: Bring a copy of this entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at **14 Boerum Place, Brooklyn NY 11201**.

(Turn Page)

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

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

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

To ask for documents or to find out how to look at your file: call (212) 331-3126, (718) 557-1399, fax (212) 620-5063 or write to **HRA/Home Energy Assistance Program, P.O. Box 1401, Church Street Station, New York, NY 10008**. If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

In any request for documents, please provide the Case Name, Case Number and Date listed on Page # 1 of this notice.

AVAILABILITY OF POLICY MATERIALS: The New York State Office of Temporary and Disability Assistance (OTDA) and HRA policy issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at otda.ny.gov/legal. These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. To request policy issuances and manuals, call (718) 722-5012, or fax (718) 722-5018, or email CRO@hra.nyc.gov, or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**.

(Turn Page)

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>.

(Turn Page)

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 **

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.

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(Turn Page)

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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.

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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>
<p>MY MONTHLY RENT OR MORTGAGE PAYMENT IS:</p> <p>\$ _____ <input type="checkbox"/> NONE</p>	
<p>IF APPLICABLE, THE NAME OF THE APARTMENT BUILDING OR HOUSING PROJECT I LIVE IN IS:</p> <p>_____</p>	
<p>DO YOU OR DOES ANYONE IN YOUR HOUSEHOLD RECEIVE A SENIOR CITIZEN RENT INCREASE EXEMPTION (SCRIE)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

SECTION 3: HEAT AND UTILITY INFORMATION

1. DO YOU PAY SEPARATELY FOR HEAT? **Yes- Complete information below** **No**

My main source of heat is

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

My fuel tank is: Individual Tank Metered Tank

Is the heating bill in your name? YES NO

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

Are you directly responsible to pay the bill? YES NO

Your heating company's name is: _____

Your Heating Company's Address: _____

Your heating account number is: _____

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

YES – Complete information below **NO**

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

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

Your utility company's name is: _____

Is electric necessary to run the furnace? YES NO

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

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

IS THERE ANYONE IN YOUR HOUSEHOLD AGE 18 OR OLDER WHO **DOES NOT** HAVE ANY INCOME FROM ANY SOURCE?
 YES, list members with no income: NO

IS THERE ANYONE IN YOUR HOUSEHOLD WHO IS A FULL-TIME DEPENDENT HIGH SCHOOL OR COLLEGE STUDENT?
 YES, list member(s): NO

INTEREST AND INVESTMENT INCOME

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

AUTHORIZED REPRESENTATIVE

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

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

Name of authorized representative:	Address and phone number:
------------------------------------	---------------------------

PLEASE SIGN APPLICATION ON PAGE 5

SECTION 5: IMPORTANT NOTICES

IMPORTANT NOTICE

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

PERSONAL PRIVACY LAW - NOTIFICATION TO CLIENTS

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

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

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

Read the Important Information Below

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

CONSENT

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

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

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

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

AGENCY USE ONLY			
APPLICATION TYPE: <input type="checkbox"/> Full Documentation <input type="checkbox"/> Simplified			
Vendor	Account Number	Vendor Code	Vendor Relationship: <input type="checkbox"/> Current Bill/Vendor Statement <input type="checkbox"/> Collateral Contact
IDENTITY OF HOUSEHOLD MEMBERS			
LN	HOUSEHOLD MEMBER'S NAME	DOCUMENTATION	
01			
02			
03			
04			
05			
06			
IS ANYONE IN THE HOUSEHOLD VULNERABLE? <input type="checkbox"/> Under the age of 6 <input type="checkbox"/> Age 60 or older <input type="checkbox"/> Permanently Disabled Who _____ Documentation _____			
RESIDENCE – CHECK TYPE OF DOCUMENTATION OBTAINED			
<input type="checkbox"/> Current Rent Receipt w/Name & Address <input type="checkbox"/> Water, Sewage, or Tax Bill <input type="checkbox"/> Mortgage Payment Book/Receipts w/Address <input type="checkbox"/> Homeowner's/Renter's Insurance Policy <input type="checkbox"/> Copy of Lease w/Address <input type="checkbox"/> Utility Bill <input type="checkbox"/> Other _____			
INCOME DOCUMENTATION/CALCULATION		Categorically Eligible: <input type="checkbox"/> TA <input type="checkbox"/> SNAP <input type="checkbox"/> Code A SSI	
Comments, resolution activities, income calculation/documentation, verification of emergency for expedited regular benefit, vendor contract, etc. SHOW ALL CALCULATIONS		REGULAR BENEFIT (EMERGENCY USE PART B)	
Gross Bi-Weekly Income x 2.166666 Gross Weekly Income x 4.333333		<input type="checkbox"/> SEPARATE HEAT (check one) <input type="checkbox"/> Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> LP Gas <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellets <input type="checkbox"/> Coal/Corn <input type="checkbox"/> PSC Electric <input type="checkbox"/> Municipal Electric	
		<input type="checkbox"/> HEAT INCLUDED IN RENT <input type="checkbox"/> Payment to Household <input type="checkbox"/> Payment to Utility	
		Benefit \$ _____	
TOTAL INCOME \$			
<input type="checkbox"/> Application compared to previous information <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 Cooling Assistance Request for Benefit

Applicant Information

Application Date: _____ Case Number: _____

Applicant Name: _____ SSN: _____

Address: _____ Telephone Number: _____

Does the applicant household contain an individual that has a medical condition that is worsened by extreme heat?

Yes- Please provide a note from a physician, physician assistant or a nurse practitioner documenting this condition dated within the twelve months prior to the month of application. The note must clearly state the health condition, and that the individual would benefit from the establishment of a cooling room or fan.

No

Agency Use Section

Did the applicant receive a Regular HEAP benefit in the current program year? Yes No

Has the applicant moved since receiving their Regular HEAP benefit? Yes No

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

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

Pended Start: _____ End: _____

Denied Reason: _____

Approved Date: _____

Vendor Name: _____ Vendor Number: _____

Comments: _____

Worker Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____