

HOME ENERGY ASSISTANCE PROGRAMS  
(HEAP FA, ECIP, LIAP, AMP, Supplemental FA (TANF))

**DENIAL NOTIFICATION – OVER INCOME INSTRUCTIONS**

When a Community Action Agency (CAA) certifies an Application that is ineligible for any reason, a Denial Notification must be mailed to the Primary Applicant. There are two denial notifications; one for Applicants that are over-income and one for Applicants who are denied for any other reason.

The original Denial Notification must be mailed within three (3) business days of the Application being certified denied. The Denial Notification explains to the Applicant that they have fifteen (15) business days to provide any documentation and/or information that has been listed as missing, or documentation of paid medical expenses in order to have the denial reversed.

Completing the Denial Notification-Over Income form:

1. To: - enter the Primary Applicant's name and mailing address
2. Date: - enter the date the Application is certified denied
3. CAA Name – enter the CAA name
4. CAA Phone – enter the CAA phone number
5. CAA Address – enter the CAA mailing address
6. CAA Fax – enter the CAA fax number
7. CAA Email - enter the CAA email address
8. Client Number – enter the Client Number
9. Create/Intake Date – enter the Create Date Non-Online/Application Intake Date

The information inside the box is used to inform the Applicant of what is missing from their application and what needs to be provided to reverse the denial and certify the Application eligible.

10. Monthly – enter the dollar amount the Household is over income monthly  
(Annual Income listed in HEAP system of record minus annual income eligibility guideline divided by 12)
11. Annually – enter the dollar amount the Household is over income annually  
(Annual Income listed in HEAP system of record minus annual income eligibility guideline)
12. Paid in prior 1 month or 30 days – enter \$1.00 more than the amount entered in the Monthly field listed above as number 1
13. Dates – enter the Income Verification Period used for the Application

14. Paid in prior 12 Calendar Month Period – enter \$1.00 more than the amount entered in the Annually field listed above as number 2
15. Dates – enter the 12 calendar month period prior to Create Date Non-Online/Application Intake Date
16. Other Missing Documentation/Information – enter all documentation or information that is missing from the Application. If the Applicant(s) have previously provided medical deductions or have medical deductions listed on pay stubs provided as income documentation, those amounts should be listed in this section as well.

Example: Denial Notification for a Household that is over income, has not previously provided any medical deductions and does not list any medical deductions on pay stubs.

<b>Your application for the Home Energy Assistance Program (HEAP) has been denied for the following reason(s):</b>		
<b>OVER INCOME:</b> The Household's income exceeds guidelines by:		
<b>Monthly</b>	<u>\$333.33</u>	<b>/ Annually</b> <u>\$4,000.00</u>
To bring your household's income under the income guidelines amount, you must provide receipts for paid Medical/Dental expenses that have not been reimbursed for one of the time periods listed below:		
<u>\$334.33</u>	Paid in prior 1 month or 30 days	<b>Dates:</b> <u>8/1/23 to 8/31/23</u>
<b>OR</b>		
<u>\$4,001.00</u>	Paid in prior 12 Calendar Month Period	<b>Dates:</b> <u>9/1/22 to 8/31/23</u>
<b>OTHER MISSING DOCUMENTATION/INFORMATION:</b>		

Example: Denial Notification for a Household that is over income and has \$100.00 in medical deductions listed on pay stubs.

<b>Your application for the Home Energy Assistance Program (HEAP) has been denied for the following reason(s):</b>		
<b>OVER INCOME:</b> The Household's income exceeds guidelines by:		
<b>Monthly</b>	<u>\$333.33</u>	<b>/ Annually</b> <u>\$4,000.00</u>
To bring your household's income under the income guidelines amount, you must provide receipts for paid Medical/Dental expenses that have not been reimbursed for one of the time periods listed below:		
<u>\$334.33</u>	Paid in prior 1 month or 30 days	<b>Dates:</b> <u>8/1/23 to 8/31/23</u>
<b>OR</b>		
<u>\$4,001.00</u>	Paid in prior 12 Calendar Month Period	<b>Dates:</b> <u>9/1/22 to 8/31/23</u>
<b>OTHER MISSING DOCUMENTATION/INFORMATION:</b>		
Pay stubs provided as income documentation include \$100.00 in medical deductions paid between 8/1/23 and 8/31/23. This amount will be deducted from the amounts listed as required above.		