DENIAL NOTIFICATION

To: _____   **Date:** _____

_____

_____

CAA Name: _____   **CAA Phone:** _____

CAA Address: _____   **CAA Fax:** _____

_____   **CAA Email:** _____

Client Number: _____   **Create/Intake Date:** _____

Your application for the Home Energy Assistance Programs (HEAP) has been denied for the following reason(s)

IMPORTANT: If you are denied because your household income is over the HEAP income guidelines, you may be able to deduct a portion of any paid and documented medical expenses not reimbursed from your household's gross income.

This denial may be reversed if the missing or additional information identified in this Denial Notification is received by the Community Action Agency by June 7, 2024. If the Denial Notification date above is on or after June 7, 2024, the denial cannot be reversed as the application period ended May 31, 2024.

APPEAL INFORMATION

An applicant has the right to appeal and to receive an informal review and in some cases a fair hearing. An applicant must submit a written appeal request for an informal review no later than thirty (30) calendar days from the postmarked date of the Denial Notification. Written requests for appeal may be mailed to MaineHousing, 26 Edison Drive, Augusta, Maine 04330; or emailed to LIHEAPcompliance@mainehousing.org. Complete and sign the attached form to request an appeal.

Informal Review: Informal reviews are intended to provide a minimum hearing requirement and are not as elaborate as fair hearings. An applicant may request, in writing, an informal review for any dispute. The informal review will be conducted by a person other than the one who made or approved the decision under review or a subordinate of this person. MaineHousing will review the file, conduct necessary research, and give the applicant an opportunity to present written or oral objections to the decision under review. In rendering a decision, MaineHousing will evaluate the accuracy of the calculations, the level of documentation provided by the applicant, and the accuracy of the decision. MaineHousing will communicate the results of the review to the applicant.

Fair Hearing: MaineHousing will provide an applicant an opportunity for a fair hearing if the applicants claim for assistance has been denied, or not acted upon with reasonable promptness, or the applicant disputes the benefit amount.

NONDISCRIMINATION POLICY

A person with a disability who is applying for or receiving assistance under HEAP has the right to a reasonable accommodation. A reasonable accommodation is a change or waiver of a policy, procedure or service that may be necessary for a person with a disability to participate in the program. MaineHousing will provide appropriate communication auxiliary aids and services upon request. MaineHousing will also provide this document in alternative formats upon request. Please contact the EHS Program Compliance Officer, Maine State Housing Authority, 26 Edison Drive, Augusta, Maine 04330. Telephone Number 1-800-452-4668 (voice in state only), (207) 626-4600 (voice), or 711 (Maine Relay).

MaineHousing does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, physical or mental disability, or familial status in the admission or access to, or treatment or employment in, its programs, and activities. MaineHousing has designated the following person responsible for coordinating compliance with applicable federal and state nondiscrimination requirements and addressing grievances: Lauren Bustard, Maine State Housing Authority, 26 Edison Drive, Augusta, Maine 04330. Telephone Number 1-800-452-4668 (voice in state only), (207) 626-4600 (voice), or 711 (Maine Relay).

REQUEST FOR INFORMAL REVIEW OR FAIR HEARING

Mail To: Maine State Housing Authority
Energy and Housing Services
26 Edison Drive
Augusta, ME 04330

I request an informal review/fair hearing of my HEAP application. The reason for my request is:

_____

_____

_____

_____

Applicant Name: _____   Email: _____

Applicant Address: _____   Phone: _____

Applicant Signature: _____   Date: _____