

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

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 Program (HEAP) has been denied for the following reason(s):

OVER INCOME: The Household's income exceeds guidelines by:

Monthly	_____	/	Annually	_____	_____
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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:

_____ Paid in prior 1 month or 30 days **Dates:** _____
OR
_____ Paid in prior 12 Calendar Month Period **Dates:** _____

OTHER MISSING DOCUMENTATION/INFORMATION:

IMPORTANT: 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

NONDISCRIMINATION POLICY

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.

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: _____