*Sample Denial Letter*

Date:

Applicant Name:

Applicant Address:

This letter is to inform you that your application processed on \_\_\_\_\_\_\_\_\_\_\_ for Low-Income Home Energy Assistance (LIHEAP) is **denied or the award amount was changed** for the reason(s) noted:

Award was not enough to satisfy the amount needed on your account to reconnect or keep your services on. Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Income for household members exceeded State guidelines for household size.

Applicant has received all the LIHEAP assistance that he/she is entitled to for this heating or cooling season: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant closed account or moved with no transferring address before the LIHEAP award was posted to the account.

Applicant does not meet the requirements for Crisis Assistance according to the guidelines.

No funds available at this time.

Your award amount changed from $ \_\_\_\_\_\_\_\_ to $ \_\_\_\_\_\_\_\_ due to remaining balance on your account or data entry error.

You will need to contact your utility company to make satisfactory arrangements if they fail to accept the LIHEAP award.

Conference or Fair Hearing: If you are not satisfied with our decision about your application, you can request a conference and/or a formal hearing. For a formal hearing, you must submit a written request to us within 45 days from when you were informed of the decision on your application. The State Office in Montgomery will make the final decision on all hearings. You may be entitled to free legal services concerning your dissatisfaction about your case.

If you have any questions regarding this notice, please contact XXXXXX at our office at XXX-XXX-XXXX.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intake Worker Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Manager