REQUEST FOR REVIEW

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

INSTRUCTIONS

A REQUEST FOR A REVIEW MUST BE FILED WITHIN THIRTY (30) CALENDAR DAYS OF THE DATE OF THE NOTICE OF ACTION (NOA). REQUESTS MADE AFTER THIRTY (30) DAYS WILL NOT BE CONSIDERED.

A Review is a complete examination of your claim by someone who did not take part in the first decision or action. All the evidence used in the first decision, plus any new evidence that we obtain or you submit, will be reviewed.

SEND THIS COMPLETED FORM AND A COPY OF THE NOTICE OF ACTION YOU ARE REQUESTING BE REVIEWED TO:

FOR INTERNAL USE: INSERT LIHEAP AGENCY NAME, ADDRESS, AND EMAIL ABOVE

LIHEAP OFFICE: _____

APPLICANT NAME (PRINT): _____ PHONE NUMBER: _____

ADDRESS: _____ ALTERNATE PHONE #: _____

CITY, STATE, AND ZIP CODE: _____ EMAIL: _____

COUNTY OF RESIDENCE: _____

If completing the form on behalf of this applicant, please provide your name, address, phone, and email below:

YOUR NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ ALTERNATE PHONE #: _____

CITY, STATE, AND ZIP CODE: _____ EMAIL: _____

What action are you requesting be reviewed?

(Check all that apply)

- ☐ I was not allowed to file an application.
- ☐ I filed an application, but it has not been processed in a reasonable amount of time.
- ☐ My application was wrongly denied.
- ☐ I disagree with the amount of my benefits.
- ☐ I am dissatisfied with the services I received.
- ☐ Other: _____

PLEASE PROVIDE ADDITIONAL INFORMATION ON BACK.

SEE REVERSE

Please provide additional information regarding the action you are requesting be reviewed. Attach additional sheets, if necessary.

Signature of Applicant	Date	Signature of Person Helping to Complete This Form

REGISTER NUMBER OR UNIQUE IDENTIFIER (found in Section 1 of Notice of Action)

Within thirty (30) calendar days of the date of the Notice of Action send:

- ☐ **The completed Request for Review and**
- ☐ **A copy of the Notice of Action you are requesting be reviewed**

Mail or email both documents to:

INSERT LIHEAP AGENCY NAME, ADDRESS, AND EMAIL ABOVE

SEE REVERSE