



# REQUEST FOR REVIEW

## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

### INSTRUCTIONS

**A REQUEST FOR A REVIEW MUST BE FILED WITHIN THIRTY (30) 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 disagree with the amount of my benefits.
- I filed an application, but it has not been processed in a reasonable amount of time.
- I am dissatisfied with the services I received.
- My application was wrongly denied
- Other: \_\_\_\_\_

**PLEASE PROVIDE ADDITIONAL INFORMATION ON BACK.**

**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**

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

**Within thirty (30) 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**