**2020-2021 HEAP DENIED APPLICANT REPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| **District** |  | **Date** | Click here to enter a date. |
| **Contact Person** |  | **Phone** |  |

**INSTRUCTIONS:** This report is necessary for federal reporting requirements and is intended to collect income level information on denied applicant households in the previous Home Energy Assistance Program (HEAP) year. When denials are processed through myWorkspace and the Welfare Management System (WMS) using the Client Notice System (CNS), this information is tracked electronically.

Only manual denials using denial code Y99 (Manual Notice) must be tracked manually with this form.

1. **Enter the total number of manually Denied Applicant Households for each HEAP benefit:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Regular** | **Crisis** | **Furnace** | **Cooling** | **Clean & Tune** | **RAS** |
|  |  |  |  |  |  |

1. **Of the total households listed in Section A, how many denied households fall into:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Poverty Level Code 1** |  |  |  |  |  |  |
| **Poverty Level Code 2** |  |  |  |  |  |  |
| **Poverty Level Code 3** |  |  |  |  |  |  |
| **Poverty Level Code 4** |  |  |  |  |  |  |
| **Poverty Level Code 5** |  |  |  |  |  |  |
| **Income Unavailable**  |  |  |  |  |  |  |

Please complete the requireddata and submit the reportby mail, email, or fax

**after 9/30/2021 and no later than 10/15/2021 to:**

NYS Office of Temporary and Disability Assistance

EISP – HEAP Bureau

40 North Pearl Street, 11B

Albany, New York 12243

Email: NYSHEAP@otda.ny.gov Fax: (518) 474-9347