

## 2013-14 HEAP DENIED APPLICANT REPORT

<b>COUNTY</b>		<b>DATE</b>	
<b>CONTACT PERSON</b>		<b>PHONE</b>	

**INSTRUCTIONS:** This report is necessary for federal reporting requirements and is intended to collect income level and vulnerability information on denied applicant households, which are not processed through WMS or who were denied cooling.

**If your denials are processed through WMS, completion of this form is not necessary.**

	REGULAR	CRISIS	FURNACE	COOLING
<b>TOTAL # OF DENIED APPLICANT HOUSEHOLDS</b>				

<b>Poverty Level Code 1</b>				
<b>Poverty Level Code 2</b>				
<b>Poverty Level Code 3</b>				
<b>Poverty Level Code 4</b>				
<b>Poverty Level Code 5</b>				

**DENIED HOUSEHOLDS WITH AT LEAST ONE MEMBER WHO IS:**

<b>60 Years or Older</b>				
<b>Disabled</b>				
<b>Age 5 Or Younger</b>				

Please complete the required data and submit the report **NO LATER THAN 10/15/14.**

**NYS Office of Temporary and Disability Assistance**  
**CEES – HEAP Bureau**  
**40 North Pearl Street, 11B**  
**Albany, NY 12243**  
**OR**  
**FAX: (518) 474-9347**  
**OR**  
**E-Mail: NYSHEAP@otda.ny.gov**