



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)

- | | |
|--|--|
| <input type="checkbox"/> I was not allowed to file an application. | <input type="checkbox"/> I disagree with the amount of my benefits. |
| <input type="checkbox"/> I filed an application, but it has not been processed in a reasonable amount of time. | <input type="checkbox"/> I am dissatisfied with the services I received. |
| <input type="checkbox"/> My application was wrongly denied | <input type="checkbox"/> Other: _____ |

PLEASE PROVIDE ADDITIONAL INFORMATION ON BACK.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature of Person Helping

SEE REVERSE