

**Citizens for Citizens, Inc.**  
**250 Griffin St/1 Taunton Green**  
**HOME ENERGY ASSISTANCE PROGRAM (HEAP)\***  
**APPEAL FORM (2024-2025)**

Please note: Processing of Appeal applications will be on a first come, first served basis based on the RECEIPT DATE of the appeal form and any new documents (if applicable) and not based on the original date of application.

To process an appeal, this form must be completed, signed, and submitted to (AGENCY). **New or additional information or documentation may be submitted in support of the appeal, with this appeal form, by mail or in person to (AGENCY).**

**PART A: I WANT TO APPEAL TO (AGENCY) FOR ONE OF THE FOLLOWING REASONS:**

- 1. I have received a notice from (AGENCY) that I am ineligible for home energy assistance benefits. (This Appeal Form must be received by (AGENCY) within 20 working days of receipt of any notice of eligibility or ineligibility.)
- 2. I have received notice from (AGENCY) that I am eligible for home energy assistance benefits, but I disagree with the AMOUNT of benefits. (This Appeal Form must be received by (AGENCY) within 20 working days of receipt of this Appeal Form.)
- 3. My household has had a change in income or size AFTER (AGENCY) notified me that I was ineligible or eligible (including amount of benefits) for home energy assistance benefits, and I want (AGENCY) to review its previous determination based on this change. (The change of income/household status must have occurred on or before April 30, 2025. The household must submit proof of the change with this Appeal Form.)
- 4. I have not received a notification of an action (e.g., eligible, ineligible, incomplete) from (AGENCY) on my application for home energy assistance benefits after 45 working days have passed since the date (AGENCY) received my application or November 1<sup>st</sup>, whichever date is later.

**ADDITIONAL COMMENTS:** \_\_\_\_\_

**PART B: CHECK ONLY ONE BOX BELOW:**

- 1. I request that (AGENCY) review my file (including any additional information or documentation which I now want to submit in support of my appeal). I understand that (AGENCY) may also request that I submit additional information or documentation. Attach any additional information or documentation being submitted.

I understand that (AGENCY) will send me a written decision within 20 working days of receipt by (AGENCY) of this Appeal Form or receipt of any information or documentation requested by (AGENCY). (AGENCY) may schedule an informal hearing if (AGENCY) deems it is necessary.

**OR**

- 2. I request that (AGENCY) schedule an informal hearing for me to present my appeal. I understand that this hearing will be recorded and conducted by a hearing officer selected by (AGENCY).  
I request the informal hearing be held in the following manner (check one option):
  - in person at the agency
  - virtually via video conferencing platform
  - over the telephone

**IMPORTANT:** If you request an informal hearing, any new documents that you would like to be considered at the hearing should be submitted prior to (AGENCY) scheduling the hearing.

**In no event will an Appeal Form be accepted by (AGENCY) after Friday, June 27, 2025.**

I understand that if I do not first appeal to (AGENCY), I may not appeal to EOHLC. In no event will EOHLC accept appeals after August 22, 2025.

I understand that I will receive a Notice of Hearing from (AGENCY) notifying me of the time and place of the hearing and the rules for the hearing. (AGENCY) will send me a written decision by the hearing officer within 10 working days of the hearing and any requested post-hearing submissions.

I agree to provide all information and documentation as required to verify my eligibility for home energy assistance benefits.

Applicant Signature

Date

Application Number

***This form and all necessary documentation must be returned within the appeal deadlines to (AGENCY) at above address.***

\*HEAP may also be referred to as the Low Income Home Energy Assistance Program or LIHEAP.

