

HOME ENERGY ASSISTANCE PROGRAM (HEAP)*

NOTICE OF APPEAL RIGHTS (2025-2026)

You may appeal to: ***Citizens for Citizens, Inc.*** at ***250 Griffin St, Fall River, MA 02724*** for any of the following reasons, on the Appeal Form provided by ***CFC (Agency)*** and within these deadlines:

1. You may appeal if you have been denied HEAP* assistance or you disagree with the amount of assistance. Your appeal must be received by ***(Agency)*** within 20 working days of receipt of any notice of eligibility or ineligibility.
2. You may appeal if 45 working days have passed since the date ***(Agency)*** received your application and ***(Agency)*** has not acted on your application (determined it to be eligible, ineligible, or incomplete) or November 1st (whichever date is later).
3. If your household has had a change in income or household size since you completed your application, you may request another review of ***(Agency's)*** previous decision of eligibility (amount of assistance) or ineligibility. (The change in income or household size must have occurred on or before ***April 30, 2026.***) You are encouraged to submit the documentation of the change to ***(Agency)*** as soon as possible.

(Agency) will schedule an informal hearing only if you request it within these deadlines and on an appeal form provided by ***(Agency)*** or if ***(Agency)*** deems it necessary. ***(Agency)*** will send you a written decision within 10 working days after the hearing.

In no event will an appeal be accepted by (Agency) after Friday, June 26, 2026.

If you do not have an informal hearing, ***(Agency)*** may still require you to submit new or additional documentation in support of your appeal. ***(Agency)*** will send you a written decision within 20 working days of receipt of your appeal or within 20 working days of receipt of complete documentation, if new or additional documentation has been requested.

If you want to appeal a written appeal decision from ***(Agency)***, you may file an appeal to the Executive Office of Housing and Livable Communities (EOHLC), Attention: HEAP Appeals, 100 Cambridge Street, Suite 300, Boston, MA 02114 or submit your appeal electronically at ehlcHEAPappeals@mass.gov. **Your request for an appeal must be in writing, must contain the reason for the request, and must be received by EOHLC within 20 working days after you received the written decision from (Agency). In no event will an appeal be accepted by EOHLC after Friday, August 28, 2026.**

If you do not appeal first to (Agency), you may not appeal to EOHLC.

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

Citizens for Citizens, Inc.
250 Griffin Street/1 Taunton Green
Fall River, MA 02724/Taunton, MA 02780
HOME ENERGY ASSISTANCE PROGRAM (HEAP)

RULES FOR FAIR HEARINGS (2025-2026)

1. These rules are designed to achieve an informal, just, speedy, and inexpensive determination of Home Energy Assistance Program (HEAP) (which may also be referred to as the Low Income Home Energy Program or LIHEAP) appeals involving fair hearings. A hearing shall be held at the timely request of the Applicant or where the Agency deems it necessary.
2. The Applicant must ensure that the Agency receives the completed Appeal Form requesting a hearing in accordance with the following deadlines:
 - a. in the case of determination of eligibility or ineligibility, within 20 working days of the Applicant's receipt of the notice of eligibility or ineligibility.
 - b. after 45 working days have passed since the date the application was received by the Agency or November 1st, whichever is later, if the Agency has not acted upon the application; or
 - c. after the Applicant's household has had a change in either income or household size since a previous determination of eligibility or ineligibility by the Agency, and the change must have occurred on or before April 30, 2026.
3. The Applicant has a right to be represented at their own expense by an "authorized representative", who may be a lawyer, paralegal, friend, relative, or other person. Authorization for such representation must be submitted to the Agency in writing by the Applicant prior to or at the hearing. An authorized representative may exercise, on the Applicant's behalf, any rights and powers conferred by these rules. The Applicant can also bring their own interpreter to the hearing, or request that the Agency provide one for them if possible. If provided by the Agency, the interpreter is sworn to make an impartial and accurate translation of the events at the hearing. If the Applicant would like to request the Agency to provide an interpreter, the Applicant should call the Agency one week before the scheduled hearing date.
4. The Applicant has the right, both before and after the hearing, to examine and copy their application materials on file with the Agency, at the Agency's office. The Applicant may copy their application and 5 additional pages from the file without charge; additional items may be copied at the Applicant's own expense. The Agency shall establish reasonable times at which the Applicant, upon reasonable notice, may examine and copy their file.
5. The Agency shall provide a written Notice of Hearing that:
 - a. provides 10 days' notice of the time and place of the hearing, plus 3 days for mailing, and a brief statement of the issues involved;
 - b. states that the Applicant has a right to obtain an authorized representative at their expense;
 - c. states that the Applicant has the right to examine and copy their application materials on file with the Agency, and describes how to arrange such an examination;
 - d. states that the hearing will be governed by these rules;
 - e. states that if the Applicant fails to appear for the hearing as scheduled and fails to reschedule the hearing in advance, the appeal will be dismissed, subject to reinstatement if the Applicant shows good cause for their failure to appear or reschedule; and
 - f. includes a reasonable accommodation statement.
6. At the hearing, the Applicant and the Agency shall have the right to present personal testimony, witnesses, documentary evidence, and oral and/or written argument, to question witnesses and to rebut any evidence offered at the hearing. The hearing may be conducted in an informal manner and without adherence to the formal rules of evidence.
7. An impartial hearing officer to be selected by the Agency shall preside at the hearing. The hearing officer:
 - a. may exercise reasonable control over the sequence and length of the presentations in order to preserve order and avoid repetition;

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

RULES FOR FAIR HEARINGS (2025-2026) - PAGE TWO

- b. may limit attendance at the hearing in order to preserve order and the Applicant's privacy, provided that the Applicant may waive their privacy rights;
 - c. may continue the hearing until a later date, where appropriate;
 - d. may exercise discretion to limit or exclude evidence, but shall not apply the rules of evidence that are applicable in court and shall accept all relevant, reliable, and non-repetitive evidence;
 - e. shall keep copies of all documents submitted at or relied upon in the course of the hearing; and
 - f. need not administer any oath to witnesses, but shall not give reduced weight to any testimony by reason of its not being given under oath.
8. The Agency shall record the hearing, and the recording shall become part of the record of the hearing, but the Agency shall not be required to transcribe it. The Applicant may also record the hearing at their own expense.
9. The Hearing Officer's decision:
- a. shall be in writing;
 - b. shall be based only on the materials in the Applicant's file, the evidence and oral argument submitted at the hearing, any written argument submitted before or during the hearing, (or after the hearing if within a time specified by the hearing officer), the applicable program requirements, and any other undisputed facts;
 - c. shall state the reasons for the decision, including applicable program requirements, and shall resolve those factual disputes, if any, that are necessary to deciding the appeal;
 - d. shall be issued within 10 working days of the close of the hearing and receipt of any requested post-hearing submissions; and
 - e. shall inform the Applicant of their right to file a further appeal of the decision to the Executive Office of Housing and Livable Communities (EOHLC) and the process by which to do so.

**250 Griffin Street/1 Taunton Green
Fall River, MA 02724/Taunton, MA 02780
HOME ENERGY ASSISTANCE PROGRAM (HEAP)*
APPEAL FORM (2025-2026)**

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, 2026. 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 1st, 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

I

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 26, 2026.

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 28, 2026.

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.

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

NOTICE OF APPEAL HEARING (2025-2026)

You have submitted an Appeal Form to **(AGENCY)** in which you have requested an informal hearing at **(AGENCY)** concerning your appeal under the Home Energy Assistance Program (HEAP)*.

A hearing has been scheduled on _____ (Day/Date) at _____ (AM/PM),

☐ at **(AGENCY)** located at _____

☐ **virtually** (link to meeting here) _____

or

☐ **over the telephone** (telephone number the hearing officer will use to call applicant from) _____.

The following is a brief statement of the issues that will be covered at the hearing:

You must appear at this scheduled time. If this is not possible, you **must** contact **(AGENCY)** before this scheduled time to arrange for a different time. Failure to appear at the scheduled hearing or to contact (AGENCY) before the hearing will result in the dismissal of your appeal unless you can demonstrate good cause for not appearing or contacting **(AGENCY)**. A copy of the ***Home Energy Assistance Program Rules for Fair Hearings*** is enclosed. These rules will govern the hearing.

You have the right to examine and to copy at **(AGENCY)** materials concerning your application on file with **(AGENCY)**. You may copy your application and 5 additional pages from your file without charge. There will be a charge for any additional pages or copies. You must contact **(AGENCY)** to schedule a time to examine and/or copy materials in your file (see below).

You have the right to be represented, at your own expense, by an authorized representative. If you plan to be represented at the hearing by an authorized representative, you must notify **(AGENCY)** in writing before or at the hearing.

If you have a disability and want to request a reasonable accommodation, please contact **(AGENCY)**.

If you want to: 1) reschedule your hearing, 2) schedule a time to examine and/or copy materials in your file, 3) ask additional questions about this notice, or 4) request a reasonable accommodation, please contact: **(AGENCY CONTACT INFORMATION HERE)**

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Citizens for Citizens, Inc.
250 Griffin Street/1 Taunton Green
Fall River, MA 02724/Taunton, MA 02780
HOME ENERGY ASSISTANCE PROGRAM (HEAP)*

APPEAL—INCOMPLETE NOTICE

Applicant Name: _____ **Application #:** _____
_____ **Date of this Notice:** _____

Dear Home Energy Assistance Applicant:

This letter is to inform you about action being taken on your home energy assistance appeal.

Your appeal is **INCOMPLETE**. We need the following information to process your appeal request:

- 1) _____
- 2) _____
- 3) _____

!! URGENT !!

ATTENTION: You must complete your appeal as soon as possible, but no later than 20 working days from the date of this letter. If you don't complete your appeal within the 20 working days timeframe, your appeal will be **DENIED**.

Please call us **IMMEDIATELY** if you need help getting this information.

Please note that (Agency) will not accept appeals after Friday, June 26, 2026. If you do not first appeal to (Agency), you may not appeal to EOHLC.

In no event will EOHLC accept appeals after Friday, August 28, 2026. Please note that after (Agency's) appeal process has ended, no new information will be considered by EOHLC. EOHLC's decision will be based only on a review of the (Agency's) file information and procedure. EOHLC does not accept new documents or process incomplete applications.

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HOME ENERGY ASSISTANCE PROGRAM (HEAP)*

LOCAL LEVEL APPEAL-- DENIAL

Applicant Name: _____ **Application #:** _____

_____ **Date of this Notice:** _____

As a result of our review of your appeal to the Home Energy Assistance Program, we regret to inform you that your appeal for:

_____ Eligibility
_____ Increase In Benefit Level

has been **denied** for the following reason(s):

If you wish to appeal (AGENCY) decision, you may appeal to the Executive Office of Housing and Livable Communities (EOHLC). Your appeal must be in writing, must include the reason for the request, and must be received within 20 working days from receipt of this notice by:

**Executive Office of Housing and Livable Communities
Attn: HEAP Appeals
100 Cambridge Street, Suite 300
Boston, MA 02114**

or electronically at eoehcHEAPappeals@mass.gov

The Community Services Unit in the EOHLC will review your file. It will issue a written decision within 20 working days from receipt of all necessary information and documentation.

If you wish further information regarding this notification, please contact:

(AGENCY) (TELEPHONE NUMBER)

Please be advised that this decision does not affect your possible eligibility in any future year or preclude a request for reconsideration should your household income or size change on or before April 30, 2026. If you experience either of those changes, please contact **(AGENCY)** directly.

If your application is incomplete, you must contact (Agency) and complete your application as soon as possible. If you do not first to appeal to (Agency), you may not appeal to EOHLC. However, please note that (Agency) will not accept appeals after Friday, June 26, 2026.

In no event will EOHLC accept appeals after Friday, August 28, 2026. Please note that after (Agency's) appeal process has ended, no new information will be considered by EOHLC. EOHLC's decision will be based only on a review of (Agency's) file information and procedure. EOHLC does not accept new documents or process incomplete applications.

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HOME ENERGY ASSISTANCE PROGRAM (HEAP)*

**LOCAL LEVEL APPEAL-- APPROVAL
(OVERTURN OF PREVIOUS APPLICATION DETERMINATION DECISION/ ELIGIBILITY FOR
PROGRAM BENEFITS)**

Applicant Name: _____

Application #: _____

Date of this Notice: _____

As a result of your appeal to **(AGENCY)**, your application for HEAP has been reviewed and we are pleased to inform you that your request for:

_____ Eligibility

_____ Increase In Benefit Level

has been **approved**.

Your HEAP benefit level is: _____

Your home energy vendor has been notified of your eligibility.

Should your household circumstances change (such as income level or number of household members) on or before **April 30, 2026**, please contact **(AGENCY)** with that information. **If you wish to appeal this decision further, you may appeal to the Executive Office of Housing and Livable Communities. Your appeal must be in writing, must contain the reason for the request, and must be received within 20 working days from receipt of this notice by:**

**Executive Office of Housing and Livable Communities
Attn: HEAP Appeals
100 Cambridge Street, Suite 300
Boston, MA 02114**

or electronically at eohlcHEAPappeals@mass.gov

In no event will appeals be accepted after Friday, August 28, 2026. Please note that after **(Agency's)** appeal process has ended, no new information will be considered by EOHLC. EOHLC's decision will be based only on a review of (Agency's) file information and procedure. EOHLC does not accept new documents or process incomplete applications. It will issue a written decision within 20 working days from receipt of all necessary information and documentation.

If you wish further information regarding this notification, please contact:

(AGENCY NAME)

(TELEPHONE NUMBER)