Name: Determination Date:

Address: County:

City, State, Zip Code: HH ID#:

Eligibility Message: **DENIED**

**Your application for benefits under Iowa’s Low-Income Home Energy Assistance Program has been DENIED at this time. The reason(s) for this decision has been indicated below.**

Reason(s) for Denial:

* Application was not signed.
* A recent gas bill was not provided.
* A recent electric bill was not provided.
* Household income was over the income guidelines.
* Applicant lives in subsidized housing and heat is included in rent.
* A member of the household previously applied for this year’s Energy Assistance Program.
* Applicant does not currently reside in own home but may reapply once returns to the home.
* Agency received a written request to cancel the application.
* Income documentation for all household members was not provided or was incomplete.
* Information on all members living in the household was not thoroughly disclosed or was incomplete.
* Social Security Number verification of all household members was not provided or was incomplete.
	+ \_\_\_\_\_ # of social security cards that need to be provided for approval.
* Other

Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**You have the right to appeal this decision if you disagree. You have 30 days to appeal to the agency where you applied. The appeal process is attached.**

Should you have questions about this decision, please contact the Community Action Agency office where you applied for assistance. If your circumstances change, we encourage you to re-apply for assistance prior to the end of April.