



# eHEAT Letters Examples

This document provides examples of some of the EAP letters generated through eHEAT. Following are the examples included in this document:

## Program Participation Letter

## Request for Information Letter

- Request for Information (with Authorized Representative), with possible attachments

## Notification Letters

- Notification Letter - Primary Heat and Crisis with furnace
- Notification Letter – ERR services

## Denial Letters

- Over Income
- Already Served
- Insufficient Information
- Invalid Primary Applicant SSN
- Program Out of Funds
- Ineligible Housing Type
- Subsidized Housing with Heat & Electric in Rent
- End of Program Year
- Withdrawal of Application by Household

# Program Participation Letter

## Service Provider Name

SP Mailing Address  
City, MN 99999-9999  
Phone: (999) 999-9999  
TTY: (999)999-9999

<<DATE>>



HH#: 99999

<<EAP APPLICANTS NAME>>  
<<C/O AUTHORIZED REP NAME>>  
111 STREETNAME AVE E  
FROSTBITE FALLS, MN 56701

To whom it may concern:

<<EAP APPLICANT NAME>> and the members of the household listed at the address above are eligible for the Minnesota Energy Assistance Program through September 30, 2017. This household's eligibility for the Energy Assistance Program was approved on <<Approved Date>> with a benefit of <<PH Benefit Amount>>.

Sincerely,  
Energy Assistance Staff

# Request for Information Letter (with Authorized Rep)

Three possible attachments:

- *Verification of Information & Expenses form*
- *Self-Employment Income: Cash Accounting Method form*
- *Application signature page*

## Service Provider Name

SP Mailing Address  
City, MN 99999-9999  
Phone: (999) 999-9999  
TTY: (999)999-9999

<<DATE>>



HH#: 99999

<<EAP APPLICANTS NAME>>  
<<C/O AUTHORIZED REP NAME>>  
111 STREETNAME AVE E  
FROSTBITE FALLS, MN 56701

This letter has been sent C/O <<AUTHORIZED REPRESENTATIVE NAME>> because <<EAP APPLICANTS NAME>> has named you the Authorized Representative for the Energy Assistance Program. You will receive all communication related to his/her application for Energy Assistance. If you have questions, please call <<SP phone number>>.

Dear <<EAP APPLICANTS NAME>>

We have received your application for Energy Assistance. We cannot process it because some information is missing. You must send this information by <<DATE>>. If we do not receive the information by <<DATE>>, your application may be denied.

Please complete and return the attached form(s), if any, and send the information listed below:

<<SP ENTERED REQUEST>>

Sincerely,  
Energy Assistance Staff

# Notification Letter (Primary Heat plus Crisis)

## Service Provider Name

SP Mailing Address  
City, MN 99999-9999  
Phone: (999) 999-9999  
TTY: (999)999-9999

<<DATE>>

HH#: 99999

<<EAP APPLICANTS NAME>>  
<<C/O AUTHORIZED REP NAME>>  
111 STREETNAME AVE E  
FROSTBITE FALLS, MN 56701



Dear <<EAP APPLICANTS NAME>>

### **KEEP THIS LETTER—It may be proof of eligibility for other programs.**

Your request for help with your energy bills is approved. Your grant amount pays only part of your bill. Please continue to make payments on your bill each month to keep heat in your home. Information about your grant is below.

Your household income for this period was \$0.00. Your household size is 4. Your main fuel type for heating is Natural Gas. Your last year's heating costs were based on an average heating cost.

**Your Energy Assistance grant is \$1,200.00.** This will be paid as follows:

Centerpoint Energy Minnegasco is scheduled to receive a total of \$1,200.00. This amount will be split into one or more payments and paid on 11/29/2012, 12/29/2012, 1/29/2013, 2/28/2013.

**Your Emergency Benefit was paid as follows:**

|                    |          |
|--------------------|----------|
| Local Oil Dist Inc | \$190.00 |
|--------------------|----------|

Additional resources may be available to help you with your energy needs. Please contact us if you need further assistance.

Call us if:

- You move
- You can't pay your energy bill
- You get a shut-off notice or your service is disconnected
- Your vendor refuses to deliver fuel
- You want help setting up a payment plan with your energy vendors
- Your furnace is not working. Contact this agency at the number above before calling a contractor. We may be able to help repair or replace your furnace.<sup>1</sup>

Other things we may help with are:

Applying for Cold Weather Rule protection.

Weatherization staff may contact you if your application becomes a priority this year. This program has a waiting list.

You may be eligible for help with your telephone bill through the Telephone Assistance Plan. **Please contact your telephone company** to request an application.

If you don't agree with our decision, you can ask for a review within 30 days after you get this letter. The address is in the upper left corner of this letter.

We hope the Energy Assistance Program has been helpful to you.

Sincerely,

The Energy Assistance Staff

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<sup>1</sup> This text only appears on letters to homeowners.

# Notification Letter (ERR Services)

## Service Provider Name

SP Mailing Address  
City, MN 99999-9999  
Phone: (999) 999-9999  
TTY: (999)999-9999

<<DATE>>



HH#: 99999

<<EAP APPLICANTS NAME>>  
<<C/O AUTHORIZED REP NAME>>  
111 STREETNAME AVE E  
FROSTBITE FALLS, MN 56701

Dear <<EAP APPLICANTS NAME>>

Your request for help with your heating system emergency has been approved. Here is the information about your heating system emergency benefit:

The furnace replacement cost of \$3,051 was paid to:

|                          |         |
|--------------------------|---------|
| Jones Plumbing & Heating | \$3,000 |
| AAA Electricians         | \$51    |

We hope the Energy Assistance Program has been helpful to you and your family.

Sincerely,

The Energy Assistance Staff

# Denial Letter (Invalid Primary Applicant SSN)

## Service Provider Name

SP Mailing Address  
City, MN 99999-9999  
Phone: (999) 999-9999  
TTY: (999)999-9999

<<DATE>>



HH#: 99999

<<EAP APPLICANTS NAME>>  
<<C/O AUTHORIZED REP NAME>>  
111 STREETNAME AVE E  
FROSTBITE FALLS, MN 56701

Dear <<EAP APPLICANTS NAME>>

You are not eligible for the Energy Assistance Program at this time.

Your application is not complete. We requested a valid Social Security Number (SSN) for your household's primary applicant. You did not respond within 30 days. The agency must receive the needed information by June 30, <<EAP Program Year>> to complete your application. Call us if you have questions about completing your application.

You may apply for Cold Weather Rule protections by contacting your natural gas or electric vendor. Their phone number is on your bill.

## RIGHT TO APPEAL

You have the right to appeal this decision if you feel the reason you were denied is not correct.

First contact us to explain your appeal. To formally appeal, send WRITTEN INFORMATION that clarifies your situation. You must do this within 30 days after you receive this letter. You may call us to ask for help to write an appeal.

Send your appeal and papers to support your facts to the address at the top of this letter.

When we receive your appeal, we will:

- a) Have a different person than the one who checked your application review it.
- b) Respond in writing within 14 days after we get your request.

If you still do not agree with the decision, you can appeal to the State Energy Assistance Program. We will tell you how to do that if you wish.

Sincerely,

The Energy Assistance Staff

# Denial Letter (Over Income)

## Service Provider Name

SP Mailing Address  
City, MN 99999-9999  
Phone: (999) 999-9999  
TTY: (999)999-9999

<<DATE>>



HH#: 99999

<<EAP APPLICANTS NAME>>  
111 STREETNAME AVE E  
FROSTBITE FALLS, MN 56701

Dear <<EAP APPLICANTS NAME>>

You are not eligible for the Energy Assistance Program at this time.

Your household was over income.

Your gross income for three months was <<income>>. Your household size is <<household size>> members. Your gross income is more than the program limit.

If your household size or gross income for a three month period changes, contact our office to reapply by May 30, <<EAP Program Year>>. Our office will discuss the options with you.

You may apply for Cold Weather Rule protections by contacting your natural gas or electric vendor. Their phone number is on your bill.

### RIGHT TO APPEAL

You have the right to appeal this decision if you feel the reason you were denied is not correct.

First contact us to explain your appeal. To formally appeal, send WRITTEN INFORMATION that clarifies your situation. You must do this within 30 days after you receive this letter. You may call us to ask for help to write an appeal.

Send your appeal and papers to support your facts to the address at the top of this letter.

When we receive your appeal, we will:

- a) Have a different person than the one who checked your application review it.
- b) Respond in writing within 14 days after we get your request.

If you still do not agree with the decision, you can appeal to the State Energy Assistance Program. We will tell you how to do that if you wish.

Sincerely,  
The Energy Assistance Staff

# Denial Letter (Already Served this Program Year)

## Service Provider Name

SP Mailing Address  
City, MN 99999-9999  
Phone: (999) 999-9999  
TTY: (999)999-9999

<<DATE>>



HH#: 99999

<<EAP APPLICANTS NAME>>  
<<C/O AUTHORIZED REP NAME>>  
111 STREETNAME AVE E  
FROSTBITE FALLS, MN 56701

Dear <<EAP APPLICANTS NAME>>

You are not eligible for the Energy Assistance Program at this time.

Your household has already received energy assistance. We can only help you once between <<EAP Program Year Start Date>>, and <<EAP Program Year End Date>>.

You may apply for Cold Weather Rule protections by contacting your natural gas or electric vendor. Their phone number is on your bill.

### **RIGHT TO APPEAL**

You have the right to appeal this decision if you feel the reason you were denied is not correct.

First contact us to explain your appeal. To formally appeal, send WRITTEN INFORMATION that clarifies your situation. You must do this within 30 days after you receive this letter. You may call us to ask for help to write an appeal.

Send your appeal and papers to support your facts to the address at the top of this letter.

When we receive your appeal, we will:

- a) Have a different person than the one who checked your application review it.
- b) Respond in writing within 14 days after we get your request.

If you still do not agree with the decision, you can appeal to the State Energy Assistance Program. We will tell you how to do that if you wish.

Sincerely,  
The Energy Assistance Staff

# Denial Letter (Insufficient Information)

## Service Provider Name

SP Mailing Address  
City, MN 99999-9999  
Phone: (999) 999-9999  
TTY: (999)999-9999

<<DATE>>



HH#: 99999

<<EAP APPLICANTS NAME>>  
<<C/O AUTHORIZED REP NAME>>  
111 STREETNAME AVE E  
FROSTBITE FALLS, MN 56701

Dear <<EAP APPLICANTS NAME>>

You are not eligible for the Energy Assistance Program at this time.

Your application is not complete. We requested more information. You did not respond within 30 days. The agency must receive the needed information by June 30, <<EAP Program Year>>. Call us if you have questions about completing your application.

You may apply for Cold Weather Rule protections by contacting your natural gas or electric vendor. Their phone number is on your bill.

### **RIGHT TO APPEAL**

You have the right to appeal this decision if you feel the reason you were denied is not correct.

First contact us to explain your appeal. To formally appeal, send WRITTEN INFORMATION that clarifies your situation. You must do this within 30 days after you receive this letter. You may call us to ask for help to write an appeal.

Send your appeal and papers to support your facts to the address at the top of this letter.

When we receive your appeal, we will:

- a) Have a different person than the one who checked your application review it.
- b) Respond in writing within 14 days after we get your request.

If you still do not agree with the decision, you can appeal to the State Energy Assistance Program. We will tell you how to do that if you wish.

Sincerely,  
The Energy Assistance Staff

# Denial Letter (Program Out of Funds)

## Service Provider Name

SP Mailing Address  
City, MN 99999-9999  
Phone: (999) 999-9999  
TTY: (999)999-9999

<<DATE>>



HH#: 99999

<<EAP APPLICANTS NAME>>  
<<C/O AUTHORIZED REP NAME>>  
111 STREETNAME AVE E  
FROSTBITE FALLS, MN 56701

Dear <<EAP APPLICANTS NAME>>

You are not eligible for the Energy Assistance Program at this time.

The program has run out of money. Your name has been placed on a waiting list. We will contact you if money becomes available this year. You will also be mailed an application for next year's program.

You may be eligible for the Weatherization program. If you are having problems with your furnace, please contact us. There may be funds available to help pay for this.

### **RIGHT TO APPEAL**

You have the right to appeal this decision if you feel the reason you were denied is not correct.

First contact us to explain your appeal. To formally appeal, send WRITTEN INFORMATION that clarifies your situation. You must do this within 30 days after you receive this letter. You may call us to ask for help to write an appeal.

Send your appeal and papers to support your facts to the address at the top of this letter.

When we receive your appeal, we will:

- a) Have a different person than the one who checked your application review it.
- b) Respond in writing within 14 days after we get your request.

If you still do not agree with the decision, you can appeal to the State Energy Assistance Program. We will tell you how to do that if you wish.

Sincerely,  
The Energy Assistance Staff

# Denial Letter (Ineligible Housing Type)

## Service Provider Name

SP Mailing Address  
City, MN 99999-9999  
Phone: (999) 999-9999  
TTY: (999)999-9999

<<DATE>>



HH#: 99999

<<EAP APPLICANTS NAME>>  
<<C/O AUTHORIZED REP NAME>>  
111 STREETNAME AVE E  
FROSTBITE FALLS, MN 56701

Dear <<EAP APPLICANTS NAME>>

You are not eligible for the Energy Assistance Program at this time.

You applied for the Energy Assistance Program, but are not eligible due to your housing type.

You may reapply if your living situation changes.

### **RIGHT TO APPEAL**

You have the right to appeal this decision if you feel the reason you were denied is not correct.

First contact us to explain your appeal. To formally appeal, send WRITTEN INFORMATION that clarifies your situation. You must do this within 30 days after you receive this letter. You may call us to ask for help to write an appeal.

Send your appeal and papers to support your facts to the address at the top of this letter.

When we receive your appeal, we will:

- a) Have a different person than the one who checked your application review it.
- b) Respond in writing within 14 days after we get your request.

If you still do not agree with the decision, you can appeal to the State Energy Assistance Program. We will tell you how to do that if you wish.

Sincerely,  
The Energy Assistance Staff

# Denial Letter (Subsidized with Heat & Electric in Rent)

## Service Provider Name

SP Mailing Address  
City, MN 99999-9999  
Phone: (999) 999-9999  
TTY: (999)999-9999

<<DATE>>



HH#: 99999

<<EAP APPLICANTS NAME>>  
<<C/O AUTHORIZED REP NAME>>  
111 STREETNAME AVE E  
FROSTBITE FALLS, MN 56701

Dear <<EAP APPLICANTS NAME>>

You are not eligible for the Energy Assistance Program at this time.

You live in subsidized housing. You do not make payments to a utility company for heat or electricity. The Energy Assistance Program does not pay subsidized renters who do not have a utility bill.

You may reapply if your living situation changes.

### **RIGHT TO APPEAL**

You have the right to appeal this decision if you feel the reason you were denied is not correct.

First contact us to explain your appeal. To formally appeal, send WRITTEN INFORMATION that clarifies your situation. You must do this within 30 days after you receive this letter. You may call us to ask for help to write an appeal.

Send your appeal and papers to support your facts to the address at the top of this letter.

When we receive your appeal, we will:

- a) Have a different person than the one who checked your application review it.
- b) Respond in writing within 14 days after we get your request.

If you still do not agree with the decision, you can appeal to the State Energy Assistance Program. We will tell you how to do that if you wish.

Sincerely,  
The Energy Assistance Staff

# Denial Letter (End of Program Year)

## Service Provider Name

SP Mailing Address  
City, MN 99999-9999  
Phone: (999) 999-9999  
TTY: (999)999-9999

<<DATE>>



HH#: 99999

<<EAP APPLICANTS NAME>>  
<<C/O AUTHORIZED REP NAME>>  
111 STREETNAME AVE E  
FROSTBITE FALLS, MN 56701

Dear <<EAP APPLICANTS NAME>>

You are not eligible for the Energy Assistance Program at this time.

This year's Energy Assistance Program ended May 31.

Your application was received or postmarked after that date.

You will be mailed an application for next winter's Energy Assistance Program before October 1.  
Contact us after October 1 if you have not received an application.

Sincerely,  
The Energy Assistance Staff

# Denial Letter (Withdrawal of Application by Household)

## Service Provider Name

SP Mailing Address  
City, MN 99999-9999  
Phone: (999) 999-9999  
TTY: (999)999-9999

<<DATE>>



HH#: 99999

<<EAP APPLICANTS NAME>>  
<<C/O AUTHORIZED REP NAME>>  
111 STREETNAME AVE E  
FROSTBITE FALLS, MN 56701

Dear <<EAP APPLICANTS NAME>>

You are not eligible for the Energy Assistance Program at this time.

You are not eligible because you withdrew your application.

You may reapply. Applications must be postmarked or received by May 31 to be considered for the current program year.

Sincerely,  
The Energy Assistance Staff