

## SUBGRANTEE LETTERHEAD

[Date]

[Applicant's Name  
Address  
City, State, Zip]

Subject: Appeal Decision Concerning LIHEAP Benefits Denial

Dear [Applicant's Name]:

This letter is in response to your [DATE] appeal of your application denial for LIHEAP assistance. Your appeal was completed by this agency on [DATE]. Based upon the information presented with your appeal, our agency has come to the following determination:

\_\_\_\_\_ Reversal of LIHEAP application denial

Reason: \_\_\_\_\_

\_\_\_\_\_ LIHEAP application denial upheld

Reason: \_\_\_\_\_

If you are still not satisfied with this decision, you may make a written request for a Second Level Appeal to the **Louisiana Housing Corporation (LHC)**. The written appeal request should be submitted with an explanation of the issue on the back of the service application form under Right to Appeal and Fair Hearing with continuation on separate attached paper, if necessary. If the application form is unavailable, the applicant may state the request in a letter.

The written appeal request must be addressed to:

Louisiana Housing Corporation (LHC)  
Attn: Energy Assistance  
11637 Industriplex Blvd  
Baton Rouge, LA 70809

If assistance is needed, you may contact our office and request assistance with the preparation of your written appeal request to LHC.

The request must be received by LHC, or our Agency, or postmarked within **ten (10) business days of this decision letter**.

Sincerely,

[Subgrantee Appointing Authority]

[Title]