

## AIM Services Inc. Home Energy Assistance Program (HEAP) Attestation

Utilities is an OTPS reimbursement available within your budget; AIM requires proof of a HEAP application and/or a completed HEAP Attestation to continue reimbursement requests through the HEAP Season.

The New York State Self Direction Guidance outlines that any Other Than Personal Services (OTPS) reimbursement must meet all the following criteria:

- 1. Be related to a valued outcome in the person's plan
- 2. Increase the person's independence and/or health and safety
- 3. Not be an OTPS excluded item (see page 29 of the SD Guidance)
- 4. Not be funded through any other source

The New York State Home Energy Assistance Program (HEAP) is and available to any eligible household to assist with offsetting home energy costs. The 2023 income eligibility requirements are:

The income eligibility guidelines for te HEAP Program are adjusted annually based on State Median Income and/or OMB Poverty Guidelines data. These are the Monthly Income Eligibility Guidelines that apply for the **2023-2024 HEAP Season**. HEAP opens November 1, 2023.

2023-24 HEAP Monthly Income Eligibility Guidelines		
Household Size	Tier I	Tier II
1	0 - 1,579	1,580 - 3,035
2	0 - 2,136	2,137 - 3,970
3	0 - 2,693	2,694 - 4,904
4	0 - 3,250	3,251 - 5,838
5	0 - 3,806	3,807 - 6,772
6	0 - 4,363	4,364 - 7,706
7	0 - 4,920	4,921 - 7,881
8	0 - 5,477	5,478 - 8,056
9	0 - 6,034	6,035 - 8,231
10	0 - 6,591	6,592 - 8,407
11	0 - 7,147	7,148 - 8,582
12	0 - 7,704	7,705 - 8,890
13	0 - 8,261	8,262 - 9,532
14+	+556*	+642*

\*amount increased per additional household member

Further information regarding the HEAP Program can be found at: <u>https://www.ny.gov/services/apply-heating-and-cooling-assistance-heap</u>

I attest that my monthly income exceeds the 2023-2024 HEAP Federal Poverty Limits that is set by the New York State Office of Temporary and Disability Assistance and that I have accessed all available funding streams for energy assistance.

Signature of Self Direction Participant or Designee

Date

Name of Self Direction Participant