

Low-Income Home Energy Assistance Program (LIHEAP)

The Low-Income Home Energy Assistance Program (LIHEAP) provides heating and/or cooling assistance to needy Hawai'i households by assisting with a one-time payment toward their electric or gas bill.

Households may only receive one type of LIHEAP payment per program year which runs from October 1 – September 30.

- **Energy Credit (EC)** assists needy households who are not in crisis but need assistance with bill payment for the heating and cooling of their residence. ***Applications for EC are only accepted June 1-30.***
- **Energy Crisis Intervention (ECI)** assists needy households in crisis, the electric or gas service has been or will be disconnected. ***Applications for ECI are accepted year-round, but the number of approvals each month are limited and fill quickly.***

Submit your completed application and supporting documents to the Community Action Agency that serves your island. See the back of this page for a checklist of required documents.

**DO NOT SUBMIT YOUR APPLICATION OR DOCUMENTS TO DEPARTMENT OF HUMAN SERVICES OFFICES.
DOING SO MAY CAUSE DELAYS IN PROCESSING YOUR APPLICATION.**

<p>O`AHU: HONOLULU COMMUNITY ACTION PROGRAM (HCAP)</p> <p><u>Central District Office</u> Ph: (808) 488-6834</p> <p><u>Kalihi-Pālana District Office</u> Ph: (808) 847-0804</p> <p><u>Lē`ahi District Office</u> Ph: (808) 732-7755</p> <p><u>Leeward District Office</u> Ph: (808) 696-4261</p> <p><u>Windward District Office</u> Ph: (808) 239-5754</p> <p>Website: http://hcapweb.org</p>	<p>MAUI: MAUI ECONOMIC OPPORTUNITY (MEO)</p> <p><u>MEO Maui Office</u> 99 Mahalani St. Wailuku, HI 96793 Ph: (808) 249-2970</p> <p><u>Hana Office</u> 1501 Uakea Rd. Hana, HI 96713 Ph: (808) 243-4342</p> <p><u>Moloka`i Office</u> 380 Kolapa Pl PO Box 677 Kaunakakai, HI 96748 Ph: (808) 553-3216</p> <p><u>Lāna`i Office</u> 1144 `Ilima Ave. #102 PO BOX 630068 Lāna`i City, HI 96763 Ph: 808-565-6665</p> <p>Website: http://meoinc.org</p>
<p>KAUA`I: KAUA`I ECONOMIC OPPORTUNITY (KEO)</p> <p><u>KEO Inc.</u> 2804 Wehe Rd. Līhu`e, HI 96766 Ph: (808) 245-4077</p>	<p>HAWAI`I: HAWAI`I COUNTY ECONOMIC OPPORTUNITY COUNCIL (HCEOC)</p> <p><u>Hilo Community Services Office:</u> 47 Rainbow Dr. Hilo, HI 96720 Ph: (808) 961-2681 ext. 108</p> <p>Website: http://hceoc.net</p>

Use this checklist to ensure you have all the documents needed to process your application.

If your application is incomplete, missing documents, or there are questions regarding your application, your application may be denied.

For LIHEAP, a household is defined as any/all individuals living together at the residential service address for which the utility company bill or termination notice is submitted, regardless of relationship to each other.

<input type="checkbox"/>	Signature	All adults over 18 in the household must sign the application,
<input type="checkbox"/>	Identification (ID)	All adults over 18 in the household must provide a picture ID. (Driver's license, state ID, military ID, etc.)
<input type="checkbox"/>	Citizenship	Citizenship documents for all household members. (Birth certificate, passport, Permanent Resident Alien card, etc.)
<input type="checkbox"/>	Social Security Number (SSN)	Proof of SSN for all household members over 1 year old. (SSN card, documents with full SSN, etc.)
<input type="checkbox"/>	Residence	Rental or lease agreement, Rent Subsidy letter; or if owned, mortgage or property tax assessment.
<input type="checkbox"/>	Utility Bill	Current utility bill must be the entire bill showing usage at current resident address. If applying for gas assistance, also submit your most recent electric bill. If applying for ECI, also submit your Notice of Disconnection.
<input type="checkbox"/>	Income	Most recent income for all sources of the household's earned and unearned income from January 1 st to present. (Paystubs, Social Security, child support, unemployment, self-employment, etc.)
<input type="checkbox"/>	L-3 Consent to Release (Enclosed)	Complete and sign the top portion. If your utility account is in another person's name (including your spouse or other household member), they must sign the form and provide a copy of their ID.
<input type="checkbox"/>	L-4 Declaration of Active Utility Account (Enclosed)	Select which program and utility company you would like to apply for, and sign.

**DO NOT SUBMIT YOUR APPLICATION OR DOCUMENTS TO DEPARTMENT OF HUMAN SERVICES OFFICES.
DOING SO MAY CAUSE DELAYS IN PROCESSING YOUR APPLICATION.**



2022

FOR OFFICIAL USE ONLY:

☐ Crisis ☐ Credit

Application Date: _____

Agency: _____

Worker: _____

APPLICATION FOR LIHEAP

Please complete every section and answer each question. Sign the application and the Rights and Obligations form. Failure to complete all sections and questions, sign the application and/or Rights and Obligations, or provide the requested documentation noted on the application, will delay processing your application and may result in your application being denied.

PLEASE PRINT CLEARLY

APPLICANT/HOUSEHOLD INFORMATION

YOUR NAME: (Last, First, MI)		Phone number:		Alternate phone number:	
RESIDENCE ADDRESS: (Where you live)		APT. NO		CITY	ZIP CODE
MAILING ADDRESS: (IF DIFFERENT FROM ABOVE)		APT. NO		CITY	ZIP CODE
E-MAIL ADDRESS:		PREFERRED METHOD OF CONTACT: <input type="checkbox"/> PHONE <input type="checkbox"/> E-MAIL <input type="checkbox"/> MAIL			

Complete the following for every person living in your home, **including** yourself (attach additional page if necessary). The first name on the application should be the applicant. Check if receiving SNAP, WELFARE, and SSI or if Disabled. Provide proof of age for all children 5 & under. Provide proof of identity for all Adults.

Name (Last, First, Middle) (Jr., Sr., III)	Relationship to you	Date of birth	Age	US Citizen	Social Security Number	SEX M/F	SNAP	WELFARE/ CASH	SSI	DISABLED
1	SELF									
2										
3										
4										
5										
6										
7										

Are there additional people in your home? ☐ YES ☐ NO IF "YES" list them on a separate sheet of paper

WHAT IS THE PRIMARY LANGUAGE SPOKEN IN YOUR HOME? _____

DO YOU READ, WRITE AND UNDERSTAND ENGLISH? _____

DO YOU NEED AN INTERPRETER? ☐ YES ☐ NO

If yes:

☐ I will provide my own interpreter.

☐ I would like an interpreter provided. LANGUAGE: _____

Do you have an Air Conditioner? ☐ Centralized ☐ Window/Split System How many do you have? _____

Do you use A/C daily? ☐ Yes ☐ No How many hours? _____

Do you have a **Photovoltaic** system(s)? ☐ Yes ☐ No

Were you provided information on energy savings? ☐ Yes ☐ No

Would you like information on energy savings? ☐ Yes ☐ No

Have you learned how to save on energy costs? ☐ Yes ☐ No

Were you referred to a non-energy service such as a food pantry, job search, or housing? ☐ Yes ☐ No



DWELLING INFORMATION

Do you receive housing assistance? ☐ Yes ☐ No

If yes, what type of assistance do you receive? (check all that apply)

☐ Section 8 ☐ Senior/Disabled Housing ☐ Public/County Housing ☐ HUD
☐ Other: _____

If you are in subsidized/public housing, do you receive a utility allowance check? ☐ Yes ☐ No

If yes, how much? \$ _____

☐ Rent \$ _____ (you pay) + \$ _____ (Housing Assistance payment) = \$ _____ (total rent)

☐ Mortgage \$ _____

☐ Maintenance Fee \$ _____

☐ I own my home and do not pay a mortgage.

☐ I do not pay any rent, it is paid by someone else.

Name of person who pays rent _____ Relationship _____

Landlord's name: _____

Landlord's Address: _____

Telephone number: _____

UTILITY INFORMATION

I WOULD LIKE TO APPLY FOR (Check only one): ☐ Energy Credit (EC) ☐ Energy Crisis Intervention (ECI)

I WOULD LIKE TO APPLY FOR UTILITY ASSISTANCE FOR (Check only one): ☐ ELECTRIC ☐ GAS

UTILITY SERVICE IS DISCONNECTED OR WILL BE DISCONNECTED: ☐ YES ☐ NO

DISCONNECTION DATE: _____

ELECTRIC: (HECO, HELCO MECO, KIUC)

Subscriber's name: _____

Residence Address: _____

Account Number: _____

GAS: (Hawaii Gas Company)

Subscriber's name: _____

Residence Address: _____

Account Number: _____

NON CITIZEN INFORMATION

COMPLETE THIS SECTION IF YOU ARE **NOT** A U.S. CITIZEN: *Attach verification of immigration status.*

NAME	BIRTHPLACE	DATE OF ENTRY	INS Form or Alien Registration Number



INCOME INFORMATION

EARNED INCOME:

List **all** employed household members. Include employment from January to present day. **All** earnings must be verified.

Name	Employer Name & Address/ Job Title	Start date MM/YY	End date MM/YY	Hours per week	Rate per hour	Gross pay per pay check	Tips per month	Pay frequency

SELF EMPLOYMENT INCOME:

Earning money from a business, baby-sitting, out of home sales, Swap Meets, garage sales, car repairs, etc.

List **all** employed household members. Include employment from January to present day. **All** income and expenses must be verified.

Self Employed Person	Type of Business	Hours per week	Monthly Gross	Tips	Monthly Expenses

DOES ANYONE EXPECT A CHANGE IN INCOME (SUCH AS A NEW JOB, CHANGE IN WAGES, ETC.)? ☐ YES ☐ NO

NAME OF PERSON	EXPLAIN CHANGE	DATE OF CHANGE

UNEARNED INCOME:

All unearned income must be verified.

Income Type	Name	Amount	How Often Received? (monthly, weekly)
Welfare/Cash Benefits			
Social Security			
Supplemental Security Income (SSI)			
Unemployment Insurance			
Temporary Disability Insurance			
Veteran's Benefits			
Worker's Compensation			
Pension			
Child Support			
Alimony			
Foster Care Payments			
Imua Kakou (Voluntary Foster Payments to young adults)			
Insurance Settlements - monthly			
Money from friends, relatives, charities, contributions, gifts			
Lump Sum (insurance settlements, retroactive payments)			
Other (Cash from employment, paid under the table, collecting cans)			



CERTIFICATION OF ELIGIBILITY, UNDERSTANDING & RELEASE FOR ALL HOUSEHOLD MEMBERS 18 YRS+

My signature on this application gives my permission to the Department of Human Services or its authorized agent to (a) check any information I give about where I live, my jobs, income, energy supply and energy supplier/utility company; (b) share information with my energy supplier and receive information from my energy supplier to allow DHS to obtain a record of my annual energy consumption, cost and billing information for the purpose of program evaluation, operation, or reporting;

1. I affirm that Hawaii is my legal residence.
2. I understand that I have the right to discuss any action regarding your application with the Community Action Agency or the State.
3. I understand that I have the right to appeal any negative decision or undue delay in processing this application. An appeal must be submitted in writing within 90 days from the date of notification. I have the right to examine prior to the hearing, my case file and any documents used in the determination of the appealed action. I have the right to legal representation.
4. I understand any Social Security number(s) given will be used in the administration of this program, including cross matches with other programs.
5. All records are kept confidential.
6. In accordance with Federal law and U.S. Department of Health and Human Services (HHS) policy, discriminating on the basis of race, color, national origin, sex or disability is prohibited. To file a complaint of discrimination with DHS contact the Civil Rights Compliance office at 1390 Miller St., Room 214, or call (808) 586-4955, or contact HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W. Washington, D.C., 20201 or call (202) 614-0403(voice) or (202) 619-3257 (TDD), HHS is an equal opportunity provider and employer.
7. I understand that if my household is eligible for a one-time payment of LIHEAP benefits, it must be sent directly to my utility company and will be deposited into the utility account at the utility company for which I requested help. I also understand that I must have an open active account with the Utility Company when the LIHEAP funds are posted, or I will not be eligible for LIHEAP.
8. The Agency or Community Action Program and the State of Hawaii Department of Human Services' Low Income Home Energy Assistance Program shall not be responsible for the delivery or non-receipt of mail.
9. Any or all unused funds may be returned to State.
10. I know that if I give false information, I can be penalized and/or prosecuted.
11. I understand that I may not qualify should LIHEAP run out of funds.

The Hawaiian Electric Companies and the State of Hawaii Department of Human Services' Low Income Home Energy Assistance Program (LIHEAP) reached an agreement which will automatically qualify LIHEAP approved households with a Residential Rate schedule (Schedule R) for the Utility's Tier Waiver Provision. If determined eligible you will receive a letter in the mail from the Utility Company with more detailed information. For all Energy Credit eligible households, the provision will begin in January. For Energy Crisis Intervention households, the provision will begin once determined eligible. The Tier Wavier Provision will be provided for 12 months.

Applicants misrepresenting their household's circumstances will be disqualified from applying for LIHEAP for one federal fiscal year or benefit year per infraction.

I certify that, subject to penalties provided by law, the information I give is true, correct and complete to the best of my knowledge.

Signature of Applicant Date

Signature of Applicant Date

Signature of Applicant Date

Signature of Applicant Date

Witness if Signature is "X" Date

I helped the applicant fill out this form. I understand that anyone helping another person in dishonestly getting benefits is subject to criminal penalties. I certify that the answers given by me on this form ☐ is what I know personally about him/her; or ☐ was provided by the applicant.

Print Name

Signature Date

Address of Individual Assisting

Phone No. of Individual Assisting



LIHEAP UTILITY INFORMATION RELEASE FORM (APPLICANT)

I, _____ hereby, authorize _____ to release information on my
(Applicant Name)
utility account; past, current, and future, to the Department of Human Services of the State of Hawaii and
I understand that this information will be used only to provide information for the administration of the
Low-Income Home Energy Assistance Program (LIHEAP).

OPTIONAL: I am interested in receiving information about other services or programs that may provide additional opportunities for utility bill reduction (including, but not limited to, reduced rates, bill credits, usage conservation, free energy savings equipment, and government benefit programs) and hereby consent for the following entities to send me communications or information about other such opportunities.

Check all that apply:

☐
☐
☐

Hawaii Energy

☐

Hawaii Gas

Complete and sign:

Applicant's Name: _____ Account#: _____

Applicant's Address: _____

Applicant's Signature: _____ Date: _____

SUBSCRIBER'S UTILITY INFORMATION RELEASE FORM (IF NOT APPLICANT)

_____ is responsible for my utility account with _____
(Applicant name)

I understand they are applying for assistance with the Low-Income Home Energy Assistance Program (LIHEAP). I also understand that as an applicant for LIHEAP verification of my utility account with _____ must be completed. I authorize _____ to release information on my account; past, current, and future to the Department of Human Services of the State of Hawaii and _____.

Subscriber's Name: _____ Account#: _____

Subscriber's Address: _____

Subscriber's Signature: _____ Date: _____

You must provide a picture ID with your signature for verification.

If you have any questions regarding this form, please contact the Community Action Agency that serves your island:

Hawai'i Island HCEOC: (808) 961-2681 ext. 108 **Kaua'i** KEO: (808) 245-4077

Maui County MEO: (808) 249-2970 Hana: (808) 243-4342 Moloka'i: (808) 553-3216 Lāna'i: (808) 565-6665

O'ahu HCAP: Central (808) 488-6834 Kalihi-Pālana (808) 847-0804 Lē'ahi (808) 732-7755 Leeward (808) 696-4261
Windward District Office (808) 239-5754



DECLARATION OF ACTIVE UTILITY ACCOUNT

LIHEAP offers two programs Energy Crisis Intervention (ECI) and Energy Credit (EC).

ECI assists household who are faced with utility (electric or gas) termination/disconnection. Benefit for this program is limited to a one-time only payment for eligible charges which is deposited into the utility account. If the household's bill is greater than the maximum ECI benefit amount, the household is responsible for the balance of the bill.

Applications for ECI are accepted year-round, but the number of approvals each month are limited and fill quickly.

EC assists eligible households with their utility bills. If eligible, a one-time only payment is deposited into the utility account. Payments are dependent on each household's situation and LIHEAP funding. Eligibility for this program also requires the household to maintain an open account with the utility company until the day the credit is applied; and credit is not transferrable between islands. If there is no open account on the day the credit is posted, the household is **not eligible** for the benefit. It is important the household continue to pay their bills until notification that credit has been received by the utility company. ***Applications for EC are only accepted June 1-30.***

**Households may only receive one type of LIHEAP payment per program year which runs from
October 1 – September 30.**

I have been informed of the requirements above and I choose to apply for:

_____ with _____.
(EC or ECI) (Utility Company)

I understand I shall not be eligible for EC if I do not have an active residential service account open for my household on the day the utility company applies the EC to my account. The active account must be with the utility company on the island where my request was filed. Should the account close after the credit has been applied to my utility account, any unused funds may be returned to the State.

Signature

Print Name

LIHEAP Worker

Date