



2020

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 & STATE	ZIP CODE
MAILING ADDRESS: (IF DIFFERENT FROM ABOVE)	APT. NO	CITY & STATE	ZIP CODE

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.
4. I understand any Social Security number(s) given will be used in the administration of this program...
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.
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...
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 Waiver 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