

2020

Benefit Employment & Support Services Division Low Income Home Energy Assistance Program (LIHEAP)

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:	Alterna	te 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 he	ome? 🗌 YES		IF "YF	S" lis	t them on a senar	ate s	heet	of nan	or**	*

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

State of Hawaii

Department of Human Services

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DWELL	LING INFORMATION		
Do you receive housing assistance? Yes No If yes, what type of assistance do you receive? (check all that Section 8 Senior/Disabled Housing Other:	Public/County	-	HUD
If you are in subsidized/public housing, do you receive a util If yes, how much? \$	lity allowance check?	Yes 🗌 No	
 Rent \$ (you pay) + \$ (House Mortgage \$ 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 Landlord's name: Landlord's Address: Telephone number: 	Relati	onship	
UTILI	ITY INFORMATION		
I WOULD LIKE TO APPLY FOR (Check only one): Energy	Credit (EC)	Energy Crisis Interve	ntion (ECI)
I WOULD LIKE TO APPLY FOR UTILITY ASSISTANCE FOR (Chec		ECTRIC GAS	
UTILITY SERVICE IS DISCONNECTED OR WILL BE DISCONNEC DISCONNCTION DATE:	CTED: 🗌 YES	□ NO	
ELECTRIC: (HECO, HELCO MECO, KIUC) Subscriber's name: Residence Address: Account Number:	Subscriber's r Residence Ad	Gas Company) name: dress: ber:	
NON CIT	TIZEN INFORMATION	J	
COMPLETE THIS SECTION IF YOU ARE NOT A U.S. CITIZEN: A	Attach verification of imm	nigration status.	
NAME	BIRTHPLACE	DATE OF ENTRY	INS Form or Alien Registration Number



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		INCOM	IE INFORMA	ATION					
EARNED INCOME:									
List all employed household members. Include employment from January to present day. All earnings must be verified.									
Name	Employer Job Title	Name & Address/	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 INC Earning money from a busi List <i>all</i> employed househol	iness, baby ld member	s. Include employment		to present	day . All	income an	d expenses		
Self Employed Person	Type of B	usiness		Hours per week	Mont	hly Gross	Tips	Monthly	/ Expenses
DOES ANYONE EXPECT A C)? 🗆 YE	ES 🗆	NO	
NAME OF PERSON		CHANGE	VV JOB, CHAIN	GE IN WAG	E3, ETC.			TE OF CH	
		CHANGE							
UNEARNED INCOME: All unearned income must							<u>.</u>		
All unearned income must									
	be verified		ame			Amount	How	Often Re	ceived?
Income Type	be verified		ame			Amount		Often Re onthly, w	
Income Type Welfare/Cash Benefits	be verified		ame		,	Amount			
Income Type Welfare/Cash Benefits Social Security			ame			Amount			
Income Type Welfare/Cash Benefits Social Security Supplemental Security Inco			ame		, 	Amount			
Income Type Welfare/Cash Benefits Social Security Supplemental Security Inco Unemployment Insurance	ome (SSI)		ame			Amount			
Income Type Welfare/Cash Benefits Social Security Supplemental Security Inco Unemployment Insurance Temporary Disability Insura	ome (SSI)		ame			Amount			
Income Type Welfare/Cash Benefits Social Security Supplemental Security Inco Unemployment Insurance Temporary Disability Insura Veteran's Benefits	ome (SSI)		ame			Amount			
Income Type Welfare/Cash Benefits Social Security Supplemental Security Inco Unemployment Insurance Temporary Disability Insura Veteran's Benefits Worker's Compensation	ome (SSI)		ame			Amount			
Income Type Welfare/Cash Benefits Social Security Supplemental Security Inco Unemployment Insurance Temporary Disability Insura Veteran's Benefits Worker's Compensation Pension	ome (SSI)		ame			Amount			
Income Type Welfare/Cash Benefits Social Security Supplemental Security Inco Unemployment Insurance Temporary Disability Insura Veteran's Benefits Worker's Compensation Pension Child Support	ome (SSI)		ame			Amount			
Income Type Welfare/Cash Benefits Social Security Supplemental Security Inco Unemployment Insurance Temporary Disability Insura Veteran's Benefits Worker's Compensation Pension Child Support Alimony	ome (SSI)		ame			Amount			
Income Type Welfare/Cash Benefits Social Security Supplemental Security Inco Unemployment Insurance Temporary Disability Insura Veteran's Benefits Worker's Compensation Pension Child Support	ome (SSI) ance		ame			Amount			
Income Type Welfare/Cash Benefits Social Security Supplemental Security Inco Unemployment Insurance Temporary Disability Insura Veteran's Benefits Worker's Compensation Pension Child Support Alimony Foster Care Payments	ome (SSI) ance		ame			Amount			
Income Type Welfare/Cash Benefits Social Security Supplemental Security Inco Unemployment Insurance Temporary Disability Insura Veteran's Benefits Worker's Compensation Pension Child Support Alimony Foster Care Payments Imua Kakou (Voluntary Fos	ome (SSI) ance		ame			Amount			
Income Type Welfare/Cash Benefits Social Security Supplemental Security Inco Unemployment Insurance Temporary Disability Insura Veteran's Benefits Worker's Compensation Pension Child Support Alimony Foster Care Payments Imua Kakou (Voluntary Fos Payments to young adults) Insurance Settlements - mo Money from friends, relation	ome (SSI) ance ster onthly ves,		ame			Amount			
Income Type Welfare/Cash Benefits Social Security Supplemental Security Inco Unemployment Insurance Temporary Disability Insura Veteran's Benefits Worker's Compensation Pension Child Support Alimony Foster Care Payments Imua Kakou (Voluntary Fos Payments to young adults) Insurance Settlements - mo Money from friends, relativ charities, contributions, gif	ome (SSI) ance ster onthly ves, fts		ame			Amount			
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Income Type Welfare/Cash Benefits Social Security Supplemental Security Inco Unemployment Insurance Temporary Disability Insura Veteran's Benefits Worker's Compensation Pension Child Support Alimony Foster Care Payments Imua Kakou (Voluntary Fos Payments to young adults) Insurance Settlements - mo Money from friends, relativ charities, contributions, gif Lump Sum (insurance settl	ome (SSI) ance ster onthly ves, ts ements, nent,		ame			Amount			



Department of Human Services

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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 \Box is what I know personally about him/her; or \Box was provided by the applicant.

Print Name	Signature	Date
Address of Individual Assisting	Phone No. of Individual Assisting	



UTILITY INFORMATION RELEASE FORM

(APPLICANT)

I,	hereby authorize	and/or Hawaii Gas to release
	, current, and future to the Departme	ent of Human Services of the State of Hawaii
I understand that this information will Home Energy Assistance Program (LIHE		for the administration of the Low Income
Name:		
Address:		
Account number:		
Signature:		
Date:		
	RIBER'S UTILITY INFORMATION RE (NOT APPLICANT)	
(applicant name) and/or Hawaii Gas. I understand he/sh (LIHEAP). I also understand that as an a with and/or Hawaii Ga I authorize the and/o	applicant for LIHEAP verification of m as must be completed. r Hawaii Gas to release information c	ow Income Home Energy Assistance Program y utility account, past current and future
Subscriber's Name:		
Subscriber's Address:		
Subscriber's Signature:		
Date:		
You must pro	vide a picture ID with your signat	ure for verification.
If you have any questions regarding this for Hawai`i Island HCEOC: (808) 961-2681 ext. Kaua'i KEO: (808) 245-4077		n Agency that serves your island:

Maui 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-Pālama (808) 847-0804 Lēahi (808) 732-7755 Leeward (808) 696-4261 Windward (808) 239-5754



DECLARATION OF ACTIVE UTILITY ACCOUNT

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

Energy Crisis Intervention 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.

Energy Credit 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.

Energy Credit applications are taken once a year. Households are limited to one program (ECI or EC) per Federal Fiscal Year (October 1st through September 30th).

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

(EC or ECI)

with ______(Utility Company)

I understand I shall not be eligible for Energy Credit (EC) if I do not have an **active** residential service account open for my household on the day the utility posts the Energy Credit. The account number must be active on the day the utility company posts the Energy Credit. 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

Original to Applicant Copy to case file L-4 (08/19)