



2020

FOR OFFICIAL USE ONLY:	
<input type="checkbox"/> Crisis	<input type="checkbox"/> 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)			





**UTILITY INFORMATION RELEASE FORM**  
(APPLICANT)

I, \_\_\_\_\_ hereby, authorize \_\_\_\_\_ and/or Hawaii Gas to release information on my utility account; past, current, and future to the Department of Human Services of the State of Hawaii and the \_\_\_\_\_.

I understand that this information will be used only to provide information for the administration of the Low Income Home Energy Assistance Program (LIHEAP).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

\_\_\_\_\_ is responsible for my utility account with \_\_\_\_\_  
(applicant name)

and/or Hawaii Gas. I understand he/she is applying of assistance with the Low Income Home Energy Assistance Program (LIHEAP). I also understand that as an applicant for LIHEAP verification of my utility account, past current and future with \_\_\_\_\_ and/or Hawaii Gas must be completed.

I authorize the \_\_\_\_\_ and/or Hawaii Gas to release information on my account; past, current and future to the Department of Human Services of Hawaii and \_\_\_\_\_.

Subscriber's Name: \_\_\_\_\_

Subscriber's Address: \_\_\_\_\_

Account number: \_\_\_\_\_

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 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 1<sup>st</sup> through September 30<sup>th</sup>).**

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 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