2017 ENERGY CRISIS INTERVENTION (ECI) APPLICATION INSTRUCTIONS

The Hawaii Low Income Home Energy Assistance Program (LIHEAP) is divided into two categories:

**Energy Crisis Intervention (ECI)** – is a crisis program to assist households who are on the verge of utility termination or has been terminated with 60 days from the date of application. The program is available from October 1, 2016 through May 15, 2017; and July 1, 2017 to September 30, 2017. The ECI Program will provide assistance to 20 people per month, on a first come, first served basis. Currently, the program allots up to $500 towards the past due amount. The ECI program will not be applied to deposits or fees. Approved applicants will be ineligible for the June 2017 Energy Credit program.

- **Energy Credit (EC)** – non-crisis program to assist household with the heating and/or cooling of their residences with bill payment. This program has a limited application period, usually around May and or June.

Eligibility Requirements:

- Household members must be a U.S. citizen or a Lawful Permanent Resident.
- All adults must sign the application and provide a picture ID.
- All household members over one year must provide a social security number.
- You must have place of residence.
- You must be responsible for an electric bill and/or gas bill.
- Your income must be below 150% of the Federal Poverty Level.

Household Annual Income Limits

<table>
<thead>
<tr>
<th>HH size</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1</td>
<td>$20,505</td>
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<tr>
<td>2</td>
<td>$27,645</td>
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<tr>
<td>3</td>
<td>$34,785</td>
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<tr>
<td>4</td>
<td>$41,925</td>
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<td>5</td>
<td>$49,065</td>
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<td>6</td>
<td>$56,205</td>
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<tr>
<td>7</td>
<td>$63,345</td>
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<tr>
<td>8</td>
<td>$70,515</td>
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<tr>
<td>Add HH member</td>
<td>+ $7,170</td>
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</table>

If you need help paying your home energy bill we can help!

Hawaii County Economic Opportunity Council

http://hceoc.net/forms/

MAIL, FAX OR EMAIL APPLICATION TO:

HAWAII COUNTY ECONOMIC OPPORTUNITY COUNCIL (HCEOC)

47 RAINBOW DR.

HILO, HI 96720

Ph. 961-2681 ext. 201

FAX: 808-961-2812

EMAIL: smaldonado@hceoc.net

Once the application is completed please call the nearest HCEOC office to schedule an appointment. Be sure to bring the following documents to your interview:

1. Current Electric or Gas Bill. (If the utility subscriber is different from the applicant and does not live in the household, then they must sign a required form and provide a picture ID.)
2. Proof of residence –If homeowner: property tax assessment. If public housing and/or receiving rental subsidy: documentation from that agency AND rental agreement and/or statement from landlord. If regular rental: rental agreement or statement from landlord
3. Picture ID for all adults in the home.
4. Verification of Social Security numbers – cards for all household members
5. Proof of age and/or disability – birth certification for one child 0-5 years, OR verification of receipt of Social Security Disability benefits, ONLY IF NO ONE IN THE HOME IS OVER 60 YRS. OLD.
6. Proof of income – for all household members, bring all that apply. Pay stubs for all jobs since January; Self Employment income and expenses, award letters from Social Security, Welfare, unemployment & SSI, Pension/Retirement statement, etc.

***PLEASE DO NOT PRINT THE APPLICATION DOUBLE SIDED***
APPLICATION FOR ENERGY CRISIS INTERVENTION (ECI)

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

<table>
<thead>
<tr>
<th>YOUR NAME: (Last, First, MI)</th>
<th>Phone number:</th>
<th>Alternate phone number:</th>
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<tr>
<td>RESIDENCE ADDRESS: (Where you live)</td>
<td>APT. NO</td>
<td>CITY &amp; STATE</td>
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<td>MAILING ADDRESS: (IF DIFFERENT FROM ABOVE)</td>
<td>APT. NO</td>
<td>CITY &amp; STATE</td>
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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.

<table>
<thead>
<tr>
<th>Name (Last, First, Middle) (Jr., Sr., III)</th>
<th>Relationship to you</th>
<th>Date of birth</th>
<th>Age</th>
<th>US Citizen Y / N</th>
<th>Social Security Number</th>
<th>SEX M/F</th>
<th>SNAP</th>
<th>WELFARE/CASH</th>
<th>SSI</th>
<th>DISABLED</th>
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<tr>
<td>1</td>
<td>SELF</td>
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*** Are there additional people in your home? ☐ YES ☐ NO IF "YES" list them on a separate sheet of paper ***

UTILITY INFORMATION

I WOULD LIKE TO APPLY FOR ☐ 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

DATE DISCONNECTED: ____________________________

ELECTRIC: (HECO, HELCO MECO, KIUC)
Subscriber’s name: __________________________
Address: ____________________________________
Account Number: ______________________________

GAS: (Hawaii Gas Company)
Subscriber’s name: __________________________
Address: ____________________________________
Account Number: ______________________________
### 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: ___________________________**

**How many air-conditioners (AC) 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: ___________________________**

### NON CITIZEN INFORMATION

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>BIRTHPLACE</th>
<th>DATE OF ENTRY</th>
<th>INS Form or Alien Registration Number</th>
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</table>
**INCOME INFORMATION**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer Name &amp; Address/Job Title</th>
<th>Start date MM/YY</th>
<th>End date MM/YY</th>
<th>Hrs. per wk.</th>
<th>Rate per hr.</th>
<th>Gross pay per pay check</th>
<th>Tips per month</th>
<th>Pay frequency</th>
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</table>

**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.

<table>
<thead>
<tr>
<th>Self Employed Person</th>
<th>Type of Business</th>
<th>Hrs. per week</th>
<th>Monthly Gross</th>
<th>Tips</th>
<th>Monthly Expenses</th>
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</table>

**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.

<table>
<thead>
<tr>
<th>Income Type</th>
<th>Name</th>
<th>Amount</th>
<th>How Often Received? (monthly, weekly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welfare/Cash Benefits</td>
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<tr>
<td>Social Security</td>
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<tr>
<td>Supplemental Security Income (SSI)</td>
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<tr>
<td>Unemployment Insurance</td>
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<tr>
<td>Temporary Disability Insurance</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Veteran’s Benefits</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Worker’s Compensation</td>
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<tr>
<td>Pension</td>
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<tr>
<td>Child Support</td>
<td></td>
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<tr>
<td>Alimony</td>
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<td></td>
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<tr>
<td>Foster Care Payments</td>
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<tr>
<td>Imua Kakou (Voluntary Foster Payments to young adults)</td>
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<tr>
<td>Insurance Settlements - monthly</td>
<td></td>
<td></td>
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<tr>
<td>Money from friends, relatives, charities, contributions, gifts</td>
<td></td>
<td></td>
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<tr>
<td>Lump Sum (insurance settlements, retroactive payments)</td>
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<tr>
<td>Other (Cash from employment, paid under the table, collecting cans)</td>
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</table>
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 60 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 ENERGY CRISIS INTERVENTION (ECI) 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 ENERGY CRISIS INTERVENTION (ECI) funds are posted or I will not be eligible for ENERGY CRISIS INTERVENTION (ECI).
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 ENERGY CRISIS INTERVENTION (ECI) run out of funds.

The Hawaiian Electric Companies and the State of Hawaii Department of Human Services’ Low Income Home Energy Assistance Program (ENERGY CRISIS INTERVENTION (ECI)) reached an agreement which will automatically qualify ENERGY CRISIS INTERVENTION (ECI) approved households 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 ENERGY CRISIS INTERVENTION (ECI) 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                      Signature of Applicant

_________________________                      ____________________________
Signature of Applicant                      Signature of Applicant

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

_________________________                      ____________________________
Address of Individual Assisting                      Phone No. of Individual Assisting
UTILITY INFORMATION RELEASE FORM
(APPLICANT)

I, ___________________________ hereby, authorize Hawaii Electric Light Company 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 Hawaii Economic Opportunity Council (HCEOC).

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

Name: __________________________________________________________

Address: _________________________________________________________

Account number: _________________________________________________

Signature: ________________________________________________________

Date: ____________________________________________________________

SUBSCRIBER’S UTILITY INFORMATION RELEASE FORM
(SUBSCRIBER NOT THE APPLICANT)

_________________________________________ is responsible for my utility account with Hawaii Electric Light Company or Hawaii Gas. I understand he/she is applying of assistance with the Low Income Home Energy Assistance Program (ECI). I also understand that as an applicant for ENERGY CRISIS INTERVENTION (ECI) verification of my utility account, past current and future with Hawaii Electric Light Company or Hawaii Gas must be completed.

I authorize the Hawaii Electric Light Company or Hawaii Gas to release information on my account; past, current and future to the Department of Human Services of Hawaii and Hawaii Economic Opportunity Council.

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:

HCEOC _SHEREE MALDONADO
At 961-2681 EXT 201 OR EMAIL smaldonado@hceoc.net

L-3 (HCEOC) 08/15
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 up to $500 for eligible charges which is deposited into the utility account. If the household’s bill is greater than the $500, 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 credits are posted and credits are 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. Hence, it is important the household continues to pay their bills until notification that credits have 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:
__________________________ 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. Once the credit has been applied to my utility account, should the account close any unused funds may be returned to the State.

______________________________________________________________
Signature
______________________________________________________________
Print Name

SHEREE MALDONADO
ENERGY CRISIS INTERVENTION (ECI) Worker (Print Name)

Copy to Applicant
Original to case file
L-4 (08/15)