

Hawaii County Economics Opportunity Council
 47 Rainbow Drive
 Hilo, HI 96720

FOR OFFICIAL USE, ONLY:
 Crisis
 Application Date: _____
 Agency: _____
 Worker: _____

APPLICATION FOR WEATHERIZATION ASSISTANCE PROGRAM 2017/2018

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** _____

EMAIL ADDRESS: _____

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 Y / N	Social Security Number	SEX M/F	SNAP	WELFARE E/ 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 ***

FAMILY TYPE

Single Parent Female
 Two Adults No
 Married
 Other
 Single Parent Male
 Children
 Single
 Not Reporting

UTILITY INFORMATION

I WOULD LIKE TO APPLY FOR Solow Water Heater Refrigerator Energy Effioient Kit

ELECTRIC: (HECO, HELCO MECO, KIUC)
 Subscriber's name: _____
 Address: _____
 Account Number: _____

GAS: (Hawaii Gas Company)
 Subscriber's name: _____
 Address: _____
 Account 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	Hrs. per wk.	Rate per hr.	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	Hrs. 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			
Insurance Settlements - monthly			
Money from friends, relatives, charities, contributions, gifts			
Other (Cash from employment, paid under the table, collecting cans)			

*****AGENCY USE ONLY*****

Income documentation: ___ Pay Stubs ___ W-2 ___ 1040 ___ 1099 ___ Other-Specify: _____

Income level: ___ Up to 50% ___ 51 to 75% ___ 76 to 100% ___ 101 to 125 ___ 126 to 150 ___ 151 to 175 ___ 176 to 200 ___ 201+ ___

Total Household Income for Last 12 Months: _____

Income verified by: _____ Title: _____ Date: _____

Approved _____ Title: _____ Date: _____

***** Individual reporting zero income must have application**

WHAT IS THE PRIMARY LANGUAGE SPOKEN IN YOUR HOME? _____

DO YOU READ, WRITE AND UNDERSTAND ENGLISH? ___ Yes ___ No

DO YOU NEED AN INTERPUTER? ___ YES ___ NO

I will provide my own interrupter

I would like an interpreter provided. Language: _____

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

Do you _____ Rent or _____ Own the dwelling you reside at?

Landlord's Name: _____

Landlord's Address: _____

Telephone Number: _____

I helped the applicant fill out this form. I understand that anyone helping another person in dishonesty getting benefits to 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 **Date**

Signature **Date**

Address of Assisting Individual **Date**

Phone No. of Assisting Individual

Upon signing below; you agree to comply with all requested requirements, workshops, home visits & audits asked of the WAP (Weatherization Assistance Program).

 Signature of Applicant Date

 Signature of Co-Applicant Date

Applicants misrepresenting their household's circumstances will be disqualified from applying for WEATHERIZATION ASSISTANCE PROGRAM (WAP) for one federal fiscal year or benefit year per infraction.

Applicant Certification:

I, _____ certify that, (subject to penalties by law) the information I have provided is true, correct and accurate.

 Signature of Applicant Date

 Signature of Co-Applicant Date

 Signature of Co- Applicant Date

 Signature of Co-Applicant Date

 Witness if Signature is an "X" Date

 Signature of Co-Applicant Date

*****AGENCY USE ONLY*****

Energy Staff Certification:

I, certify that the application provided proof of his/her household income and I recommend this applicant be:

Approved: _____

Disapproved: _____

 (Signed by Energy Staff)

 (Date)

Program Manager Certification:

Upon review of this application, I recommend Weatherization Assistance be provided to the above- named household.

Signed: _____

Date: _____



HAWAII COUNTY ECONOMIC OPPORTUNITY COUNCIL

47 Rainbow Drive
Hilo, Hawaii 96720-2013
Telephone (808) 961-2681
Fax (808) 961-2812



WEATHERIZATION ASSISTANCE PROGRAM

UTILITY INFORMATION RELEASE FORM

I, _____ authorize HELCO to release information on my utility bill, both past and future, to Hawaii County Economic Opportunity Council (HCEOC).

I understand that this information will be used to provide data for the above-named agency, and no information obtained through this release shall be made publication such a manner the dwelling or occupants can be identified.

Signed:

Applicant Signature: _____

Address: _____

Account Number: _____

Sincerely,

Chad Hasegawa
Program Manager



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WEATHERIZATION ASSISTANCE PROGRAM 2017-2018

- Application (all adults/children)
- Photo Identification, Passport (all adults/children)
- Birth Certificate (all adults/children)
- Social Security (all adults/children)
- Income Verification: (all adults/ children)
- HELCO Bill
- Water Bill