



HAWAII COUNTY ECONOMIC OPPORTUNITY COUNCIL APPLICATION

47 Rainbow Drive
Hilo, Hawaii 96720-2013
Telephone: (808) 961-2681 Fax: (808) 935-9213



1. Applicant Name: _____
LAST FIRST

Date: _____

2. Residence Address _____

Please check all that apply:

Farm/Garden	Incubator Kitchens	
Transportation	Energy/WAP	
Housing Preservation	Youth Services	
	Food Service	

Mailing Address: _____

Length of time at present address: _____

Type of Heater: _____ Gas _____ Electric _____ Solar

Monthly kWh: _____ HELCO # _____ GASCO # _____

Do you have a relative or friend employed at this agency or a member of our board? Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, Name & Relationship: _____

3. Telephone: _____ Tax Map Key No.: _____

4. Primary Language Spoken in Home: _____ 5. Number in household: _____ Hispanic: ___Yes ___No

If renter, Home Owner's Name: _____ Owner's VA ___Yes ___No
Address _____

LIST MEMBERS OF HOUSEHOLD BEGINNING WITH YOURSELF (Please print all information)

6. NAME (Begin with head of household)	7. Social Security Number	8. Date of Birth	9. AGE	DIS (Y/N)	GENDER		10. RACE	11. Education Level	CODES (Please use one of the codes listed below)
					M	F			
									Race
									A - White
									B - Black
									C - Asian
									D - Hawaiian
									E - Pacific Islander
									F - Mixed
									G - Multi
									H - Native American
									Education Codes
									I - 0-8
									J - 9-12 (non-graduate)
									K - HS Grad/GED
									L - Some post
									O - 2 or 4 year college
12. FAMILY TYPE	13. FAMILY SIZE	14. SOURCE OF INCOME						15. HOUSING	
Single Parent Female	One	Employment Only					Unemployment Insurance	Own	
Single Parent Male	Two	Zero Income					Employment + other source	Rent	
Married	Three	TANF					Other	Homeless	
Single Person	Four	SSI					Self-Employed	Public Housing	
Two Adults No Children	Five	Social Security					Farmer	Subsidized	
Other	Six	Pension						Other	
	Seven or more	General Assistance						*Housing Verified Y/N By: _____	

***Individual reporting zero income must have application notarized. Turn in proof of income for all members in the household.

Proof of residency must be verified

17. Health Insurance: ___ Yes ___ No

18. Receives SNAP: ___ Yes ___ No

I hereby certify that the above information is correct to the best of my knowledge. I will supply any additional information that may be needed. I will also allow HCEOC to verify my statements. _____ Initial

APPLICANT SIGNATURE: _____ DATE: _____

*****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: _____

Approved _____ Title: _____ Date: _____

HCEOC complies with federal and state rules and regulation regarding non-discrimination and affirmative action. Anyone wishing to file a complaint should contact the Human Resources office at 47 Rainbow Drive, Hilo HI 96720, (808) 961-2681