



2019 ENERGY CRISIS INTERVENTION (ECI) APPLICATION INSTRUCTIONS

The Hawaii Low Income Home Energy Assistance Program (LIHEAP) is divided into two categories:
Energy Crisis Intervention (ECI): This crisis program assists households that are at risk for utility(HELCO or HAWAII GAS) termination, or has been terminated. The program is available from October 1st through September 30th. The ECI Program can provide assistance to 20 people per month, on a first come, first served basis. The program matches up to \$650 towards the current total amount due. Approved applicants will be ineligible for the **LIHEAP Energy Credit (EC) Program in June.**

Be sure to bring the following documents to your interview:

Applicant Eligibility Requirements:

1. Household members must be a U.S. citizen or a Lawful Permanent Resident. Proof: birth certificate, passport.
 - Proof of Non-citizen Status –US passports, I-94, Permanent Resident Card and/or birth certificates.
2. All adults (18 years and older) connected to the meter must sign the application and provide a picture ID.
3. All household members over one year must provide a social security number.
- You must have place of residence.
4. 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
5. You must be responsible for an electric bill and/or gas bill.
 - 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.)
 - Current disconnect notice from HELCO or Hawaii Gas.
- Your income must be below 150% of the Federal Poverty Level.
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.
- Vulnerability Point ONLY IF NO ONE IN THE HOME IS OVER 60 YRS. OLD: Proof of age and/or disability – birth certification for one child 0-5 years, OR verification of receipt of Social Security Disability benefits (SSDI or SSI).

Household Annual Income Limits

HH size	Amount
1	\$20,940
2	\$28,395
3	\$35,850
4	\$43,305
5	\$50,760
6	\$58,215
7	\$65,670
8	\$73,125
Add HH member	+ \$7,455

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

Hawaii County Economic Opportunity Council

[http://hceoc.net/forms/2019 ECI APPLICATION](http://hceoc.net/forms/2019%20ECI%20APPLICATION)

HAWAII COUNTY ECONOMIC OPPORTUNITY COUNCIL (HCEOC)

47 RAINBOW DR.

HILO, HI 96720

Ph. 961-2681 ext. 201

FAX: 808-961-0361

EMAIL: gshioshita@hceoc.net

Hours 8am – 12 noon (Monday – Friday, except Holidays)

*****PLEASE DO NOT PRINT THE APPLICATION DOUBLE SIDED*****



2019

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

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

Email address: _____

YOUR NAME: (Last (Jr., Sr., III), First, Middle)	Phone number:	Alternate phone number:	
RESIDENCE ADDRESS: (Where you live)	APT #	CITY & STATE	ZIP CODE
MAILING ADDRESS: (IF DIFFERENT FROM ABOVE)	APT #	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 (Jr., Sr., III, First), Middle)	Relation- ship to you	Date of birth	Age	US Citizen Y / N	Social Security Number	SEX M/F	SNAP	WELFARE/ CASH	SSI	DISABLED
1	SELF									
2										
3										
4										
5										
6										
7										
8										

*** 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? _____ Centralized _____ Window/Split _____

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 **Attach separate sheet if necessary**

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 **Attach separate sheet if necessary***

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? (mthy, wk)
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 Allowance)			



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 detailed information. 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 information will be disqualified from applying for LIHEAP for one federal fiscal year (October 1st through September 30th), 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

Witnesses 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; or was provided by the applicant.

Print Name

Signature Date



**UTILITY INFORMATION RELEASE FORM
(APPLICANT)**

I, _____ hereby, authorize Hawaii Electric Light (HELCO) 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 Hawaii County 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 (LIHEAP).

Name: _____

Address: _____

Account number: _____

Signature: _____

Date: _____

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

_____ is responsible for my utility account with
(Applicant Name)

Hawaii Electric Light Company and/or Hawaii Gas. I understand he/she is applying for 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 Hawaii Electric Light Company and/or Hawaii Gas must be completed.

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

Subscriber's Name: _____

Subscriber's Address: _____

Account number: _____

Subscriber's Signature: _____

Date: _____

You must provide a picture ID with your signature for verification.

For questions regarding this form, please contact:

GAIL SHIOSHITA, LIHEAP PROGRAM MANAGER

961-2681 Ext 201 OR EMAIL: gshioshita@hceoc.net



DECLARATION OF ACTIVE UTILITY ACCOUNT

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

Energy Crisis Intervention assists households who are faced with utility (electric or gas) termination/disconnection. Benefit for this program is limited to a one time only payment up to \$650 for eligible charges which is deposited into the utility account. If the household's bill is greater than the \$650, 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 continue 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

LIHEAP Worker (Print Name)

Date



HAWAII COUNTY ECONOMIC OPPORTUNITY COUNCIL APPLICATION

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



1. Applicant Name: LAST FIRST Date:

2. Residence Address

Date Last applied
Are you an employee of HCEOC? Yes No

Mailing Address:

Length of time at present address:

Type of Heater: Gas Electric Solar

Monthly kWh: HELCO #

GASCO # Tax Map Key No:

Table with 3 columns: Farm/Garden/Senior Produce, Incubator Kitchens, Transportation, Energy/WAP, Housing Program, Youth Services, Food Service

3. Telephone Email address:

4. Primary Language Spoken in Home: VA: Yes No

5. Number in household: Hispanic: Yes No

If renter, Home Owner's Name:

Home Owner's Address

Homeowner's Phone# / email address

EMERGENCY CONTACT

Name:

Phone:

Relationship:

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

Table with 11 columns: NAME, Social Security Number, Date of Birth, Age, Relation-ship, GENDER, DIS-ABLED, Race, Education Level, CODES. Includes sub-tables for Family Type and Source of Income.

***Individual reporting zero income must have application notarized. Turn in proof of income for all members in the household. Verify proof of residency 16. Do you have any mobility, visual or hearing impairment or special needs: *Yes No If *yes, specify: 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: