



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:
Rent or Own Length of time at present address:
Type of Heater: Gas Electric Solar
Monthly kWh: HELCO #
GASCO # Tax Map Key No:

Table with 2 columns: Farm/Garden/Senior Produce, Incubator Kitchens, Transportation, Energy/WAP, Housing Program, Youth Services, Food Service

3. Telephone Email address:

EMERGENCY CONTACT

4. Primary Language Spoken in Home: Name:

5. Number in household: VA: Yes No Phone:

Hispanic: Yes No Relationship:

If renter, Landlord/Home Owner's Name:

Landlord/Home Owner's Address

Landlord/Homeowner's Phone# email address

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

Table with 10 columns: NAME, Social Security Number, Date of Birth, Age, Relation-ship, GENDER, DIS-ABLED, Race, Education Level, CODES. Includes sub-tables for Family Type, Source of Income, and Housing.

\*\*\*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: