



Hawaii County Economic Opportunity Council, 47 Rainbow Dr., Hilo, HI 96720

HCEOC Fax (808) 961-0361 by 4:00 pm 6/30/2020 web: hceoc.net/forms/2020 LIHEAP APPLICATION



The Hawaii Low Income Home Energy Assistance Program (LIHEAP) provides heating and cooling to needy Hawaii households by assisting with one-time payments toward their utility bill (electric or gas) in two ways:

- **Energy Crisis Intervention (ECI)** – is a crisis program to assist households who are on the verge of utility termination or has been terminated.
- **Energy Credit (EC)** – non-crisis program to assist household with the heating and/or cooling of their residences with bill payment.

HH size	Household Annual Income Limits 150% FPL Amount
1	\$21,570
2	\$29,190
3	\$36,810
4	\$44,430
5	\$52,050
6	\$59,670
7	\$67,290
8	\$74,910
Add HH member	+\$7,620

Eligibility Requirements:

- All adults must sign the application and provide a picture ID.
- All household members over one year, must provide a social security card.
- You must have a 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.

WHERE TO GO June 1 – June 30, 2020

(Thursday, June 11th : Kamehameha Day Holiday, offices closed on holidays and weekends)

Hilo: HCEOC Office (808) 961-2681 ext.108, 47 Rainbow Drive, Upstairs bldg. 1; upper parking lot Monday – Friday, 8 am – 12 noon

Pahala: 96-1252 A Huapala St. Call Lane 928-8389 Friday

Honokaa: HCEOC Office (808) 775-0628
45-3380 Mamane St. (behind the Library)
Monday, Tuesday, Wednesday; 8 am – 12 noon

Kona: HCEOC Office (808) 322-3428
76-6804 Mamalahoa Hwy., Holualoa
Tuesday & Thursday 8 am – 12 noon

Because of COVID-19, you may submit your completed Liheap application plus all required documents listed below by email (liheapintake@hceoc.net with 1 pdf attachment with all scanned documents required/ NO jpeg), fax, or drop off by 4:00 pm 6/30/2020 or US Mail to HCEOC, 47 Rainbow Dr., Hilo, HI 96720 (postmarked by 6/30/2020); and you must have a working phone for a telephonic interview.

Use this checklist to ensure you have all the required documents needed to process your application.

<input type="checkbox"/>	Signature	All adults over 18 in the household must sign the application
<input type="checkbox"/>	Identification (ID)	All adults over 18 in the household must provide a picture ID. (Driver's license, state ID, military ID, etc.)
<input type="checkbox"/>	Citizenship	Citizenship documents for all household members. (Birth certificate, passport, Permanent Resident Alien card, etc.)
<input type="checkbox"/>	Social Security Number (SSN)	Proof of SSN for all household members over 1 year old. (SSN card, documents with full SSN, etc.)
<input type="checkbox"/>	Residence	Rental and or lease agreement, Rent Subsidy letter; or if owned, mortgage or property tax assessment.
<input type="checkbox"/>	Income	Most recent income year to date, Jan. 2020 to Current, for all sources of the household's earned and unearned income. (Paystubs, Social Security award letter, Child Support, Unemployment, self-employment, etc)
<input type="checkbox"/>	Utility Bill	Current utility bill must be the entire bill showing usage (front and back of Helco bill). If applying for gas assistance provide 2 fills, also submit your most recent electric bill. If applying for ECI, also submit your Notice of Disconnection.
<input type="checkbox"/>	L-3 Consent to Release (Enclosed)	Complete and sign the top portion. If your utility account is in another person's name (including your spouse or other household member), they must sign the form as the Subscriber and provide a copy of their ID.
<input type="checkbox"/>	L-4 Declaration of Active Utility Account (Enclosed)	Select which program (EC or ECI) and utility company (HELCO or Hawaii Gas) you would like to apply for, and sign. <i>Keep a copy of this form for your records.</i>



FOR OFFICIAL USE ONLY:	
<input type="checkbox"/> Crisis	<input type="checkbox"/> Credit
Application Date: _____	
Agency: HCEOC _____	
Worker: _____	

APPLICATION FOR LIHEAP

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

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	Social Security Number	SEX M/F	SNAP	WELFARE/ 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

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: _____

Do you have an Air Conditioner? Centralized Window/Split System How many 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: _____

UTILITY INFORMATION

I WOULD LIKE TO APPLY FOR (Check only one): Energy Credit (EC) 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

DISCONNECTION DATE: _____

ELECTRIC: (HECO, HELCO MECO, KIUC)

Subscriber's name: _____

Residence Address: _____

Account Number: _____

GAS: (Hawaii Gas Company)

Subscriber's name: _____

Residence Address: _____

Account Number: _____

NON CITIZEN INFORMATION

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

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	Hours per week	Rate per hour	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	Hours 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			
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 INFORMATION RELEASE FORM
(APPLICANT)

I, _____ hereby, authorize Hawaii Electric Light Company 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
(NOT APPLICANT)

_____ is responsible for my utility account with Hawaii Electric Light
(Applicant name)

Company and/or Hawaii Gas. I understand he/she is applying of 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 Hawaii and Hawaii County 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 Gail Shioshita
at (808) 961-2681 ext. 303, Liheap Office ext. 108
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 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 \$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 his 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

Date

Original to Applicant
Copy to case file
L-4 (08/18)



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: Program Name, Description, Status. Rows include Farm/Garden/Senior Produce, Transportation, Housing Program, Incubator Kitchens, Energy/WAP, 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 10 columns: NAME, Social Security Number, Date of Birth, Age, Relation-ship, GENDER, DIS-ABLED Y/N, Race, Education Level, CODES. Includes a detailed table 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: