



## 2021 EMERGENCY CRISIS INTERVENTION (ECI) LIHEAP APPLICATION INSTRUCTIONS

The Hawaii Low-Income Home Energy Assistance Program (LIHEAP) provides heating and cooling to needy Hawaii households by assisting with a one-time payment toward their utility bill (electric or gas).

- **Energy Crisis Intervention (ECI)** – assist needy households in crisis, the electric or gas service has been or will be disconnected. This program is available from Oct 1st through September 30th. The ECI program can provide assistance for a maximum of 20 people/applications per month, on a first come, first served basis. **Approved ECI applicants will NOT be eligible for the Liheap Energy Credit (EC) in June.**
- **Energy Credit (EC)** – assist needy households who are not in crisis but need assistance with bill payment for the heating and cooling of their residence. **This program is available in the month of June 2021.**

### Eligibility Requirements:

- Household members must be a U.S. citizen or a Lawful Permanent Resident.
- All adults (18 years and older) must sign the application and provide a picture ID.
- All household members over one year old must provide a social security number.
- You must be a resident of the State of Hawaii and have place of residence.
- You must be responsible for an electric bill and/or gas bill.

### Household Annual Income Limits

HH size	Amount
1	\$22,020
2	\$29,745
3	\$37,470
4	\$45,195
5	\$52,920
6	\$60,645
7	\$68,370
8	\$76,095
Add'l HH member	\$7,725

If you need help paying your home energy bill we can help!  
Applications should be submitted to:

**Hawaii County Economic Opportunity Council (HCEOC)**  
47 Rainbow Drive  
Hilo, HI 96720  
Ph: 808-961-2681 ext.108  
[http://hceoc.net/forms/2021 ECI APPLICATION](http://hceoc.net/forms/2021%20ECI%20APPLICATION)

Once the application is completed please call the office to schedule an appointment. **Monday – Friday 8am – 12 noon (except Holidays)**

### Be sure to bring the following documents to your interview:

1. Current Residential Utility bill and Disconnect Notice/Urgent Past Due Payment Reminder for Electric or Gas. (If the utility subscriber is not the applicant and the subscriber does not live in the home, then they must sign a required form and provide a picture ID.)
2. Proof of residence – provide a document other than the utility bill that shows your current address. (Rental agreement, rent subsidy; or if owned, mortgage or property tax assessment.)
3. Picture IDs for all adults (Drivers license or State ID)
4. Social security cards for all.
5. Proof of income – for all household members, bring all that apply. Pay stubs for all jobs since January (need most recent paystub with YTD-year to date); Social Security Award Letter, Self Employment income and expenses, Child Support, Welfare, Unemployment, SSI, Pension/Retirement statement, etc.
6. Proof of Citizenship Status – US passports, Permanent Resident Alien Card and/or birth certificates.



FOR OFFICIAL USE ONLY:  
 Crisis       Credit  
 Application Date: \_\_\_\_\_  
 Agency: \_\_\_\_\_ HCEOC  
 Worker: \_\_\_\_\_

**EMERGENCY CRISIS INTERVENTION (ECI) 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 \_\_\_\_\_

**E-MAIL 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	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 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  
 ACTUAL 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: _____
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**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)			



**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 90 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 LIHEAP 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 LIHEAP funds are posted, or I will not be eligible for LIHEAP.
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 LIHEAP run out of funds.

The Hawaiian Electric Companies and the State of Hawaii Department of Human Services' Low Income Home Energy Assistance Program (LIHEAP) reached an agreement which will automatically qualify LIHEAP approved households with a Residential Rate schedule (Schedule R) for the Utility's Tier Waiver Provision. If determined eligible you will receive a letter in the mail from the Utility Company with more detailed information. For all Energy Credit eligible households, the provision will begin in January. For 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 circumstances will be disqualified from applying for LIHEAP for one federal fiscal year 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

\_\_\_\_\_  
Witness 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 about him/her; or  was provided by the applicant.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Address of Individual Assisting

\_\_\_\_\_  
Phone No. of Individual Assisting



**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 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 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 Shiohita

at (808) 961-2681 ext. 303; Liheap Office ext. 108

email gshiohita@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 for eligible charges which is deposited into the utility account. If the household's bill is greater than the maximum ECI benefit amount, 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 credit is applied; and credit is 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. It is important the household continue to pay their bills until notification that credit has 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 1<sup>st</sup> through September 30<sup>th</sup>)**

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. Should the account close after the credit has been applied to my utility account, any unused funds may be returned to the State.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
LIHEAP Worker

\_\_\_\_\_  
Date

Original to case file  
Copy to Applicant  
L-4 (08/19)



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 4 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: