

**Program**

- Senior Farmer's Market Nutrition Program       Low-Income Housing Energy Assistance Program  
 Mass Transit Program       Weatherization Assistance Program

**Applicant Information**

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Last First M.I.*

**Street Address:** \_\_\_\_\_ **Apt/Unit#** \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ **Length of time at address:** \_\_\_\_\_  
*City State ZIP Months/Years*

**Mailing Address:** \_\_\_\_\_ **Apt/Unit#** \_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_ **Emergency Contact**  
*City State ZIP*

**Phone:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Date of last application:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Household Information**

**Homeowner's Name:** same as applicant  \_\_\_\_\_  
*Last First*

**Homeowner's Address:** same as applicant  \_\_\_\_\_  
*Street Address Apt/Unit# City State ZIP*

**Homeowner's Contact:** same as applicant  \_\_\_\_\_  
*Phone Number Email Address*

**Number of people in household:** \_\_\_\_\_ **Primary language spoken in household:** \_\_\_\_\_

**Housing:** Own  Rent  Unhoused  Public housing  Subsidized housing  Other

**Family Type:** Single mother  Single father  Single without kids  Married without kids  Married with kids  Two adults without kids  Two adults with kids

**Household Source(s) of Monthly Income (fill in all that apply):**

*Proof of income is required for all individuals in the household.*

Employment	\$ _____	Unemployment Insurance	\$ _____
TANF	\$ _____	Other Insurance	\$ _____
SSI	\$ _____	Other Income	\$ _____
Social Security	\$ _____	Self-Employed	\$ _____
Pension	\$ _____	Farmer	\$ _____
General Assistance	\$ _____	Zero Income	\$ _____

Individuals reporting zero income must have application notarized.

List all members of household beginning with yourself.

Proof of residence is required for all individuals in the household.

Full Name	SSN	DOB	Age	Relationship	Gender*		Disability*		Race*	Education*
					M	F	Y	N		

<i>Codes: Racial Background</i>				<i>Codes: Education Level</i>			
A White	F Native American	L Grade 0-8	P 2-4 Yr Deg				
B Black	G Latino	M Grade 9-12	Q 4+ Yr Deg				
C Native Hawaiian	H Middle Eastern	N HS Grad/GED	R Trade School				
D Pacific Islander	I Mixed Race	O Some College	S Other				
E Alaska Native	J Other						

**Utility Information (WAP ONLY)**

Type of Heater: \_\_\_\_\_ Gas  Electric  Solar

Monthly kWh: \_\_\_\_\_ HELCO #: \_\_\_\_\_ GASCO #: \_\_\_\_\_ Tax Map Key #: \_\_\_\_\_

**Verification and Signature**

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you an employee of HCEOC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a mobility, visual, or hearing impairment or a disability?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please specify:*	_____	
Do you receive SNAP benefits?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have active health insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a veteran?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you Hispanic?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

\*Disclosing this information is optional and does not impact eligibility. HCEOC uses this information for purposes of data collection and reporting only. HCEOC complies with federal and state rules and regulations regarding nondiscrimination and Affirmative Action. Anyone wishing to submit a question or concern should contact our office at 961-2681.

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Initial \_\_\_\_\_

**IMPORTANT: Return this application to Hawai'i County Economic Opportunity Council with proof of income and proof of residence for all members of your household, including yourself. Applications can be dropped off or mailed to 47 Rainbow Drive, Hilo, HI 96720 or emailed as an attachment to the program(s) for which you are applying.**

Senior Farmer's Market Nutrition Program (SFMNP)	eyokoyama@hceoc.net
Mass Transit Program	asumi@hceoc.net
Low-Income Housing Energy Assistance Program (LIHEAP)	liheapintake@hceoc.net
Weatherization Assistance Program (WAP)	nproctor@hceoc.net

OFFICE USE ONLY			
<b>Income Documentation</b>	<b>Income Level</b>	<b>Income Verified:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Pay Stubs	<input type="checkbox"/> up to 50%	<b>Housing Verified:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> W2	<input type="checkbox"/> 51-75%		
<input type="checkbox"/> 1040	<input type="checkbox"/> 76-100%		
	<input type="checkbox"/> 101-125%	<b>Application Approved by:</b>	_____
	<input type="checkbox"/> 126-150%	Signature	Date
	<input type="checkbox"/> 151-175%		
	<input type="checkbox"/> 176-200%		
	<input type="checkbox"/> 201% +		
<b>Total household income for last 12 months:</b>	\$ _____		