

Hawaii County Economics Opportunity Council  
 47 Rainbow Drive  
 Hilo, HI 96720

FOR OFFICIAL USE, ONLY:  
 Crisis  
 Application Date: \_\_\_\_\_  
 WAP \_\_\_\_\_ WAP-LIHEAP \_\_\_\_\_

**APPLICATION FOR WEATHERIZATION ASSISTANCE PROGRAM 2021-2022**

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** \_\_\_\_\_

**EMAIL 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 Y / N	Social Security Number	SEX M/F	SNAP	WELFARE E/ CASH	SSI	DISABLED
1	SELF									
2										
3										
4										
5										
6										
7										

\*\*\* Are there additional people in your home? IF "YES" list them on a separate sheet of paper \*\*\*

**FAMILY TYPE**

Single Parent Female   
  Two Adults No Children   
  Married   
  Other  
 Single Parent Male   
  Single   
  Not Reporting

**UTILITY INFORMATION**

**I WOULD LIKE TO APPLY FOR**  Solar Water Heater  Refrigerator  Energy Efficient Kit

**ELECTRIC:** (HECO, HELCO MECO, KIUC)  
 Subscriber's name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Account 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	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? (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			
Insurance Settlements - monthly			
Money from friends, relatives, charities, contributions, gifts			
Other (Cash from employment, paid under the table, collecting cans)			

**\*\*\* Individual reporting zero income must have application and must submit signed affidavit stating zero income.**

WHAT IS THE PRIMARY LANGUAGE SPOKEN IN YOUR HOME? \_\_\_\_\_

DO YOU READ, WRITE AND UNDERSTAND ENGLISH? \_\_\_\_\_ Yes \_\_\_\_\_ No

DO YOU NEED AN INTERPUTER? \_\_\_\_\_ YES \_\_\_\_\_ NO

I will provide my own interrupter

I would like an interpreter provided. Language: \_\_\_\_\_

Do you have a **Photovoltaic** system(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you learned how to save on energy costs? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you Rent \_\_\_\_\_ or Own \_\_\_\_\_ the dwelling you reside at? What is your monthly rent or mortgage payment?

\$ \_\_\_\_\_ (Please provide a copy of your lease agreement and/or mortgage statement)

**Landlord Acknowledgement:**

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address (opt.) \_\_\_\_\_

I, acknowledge that I am the Landlord (Lessor) of the address/residence at \_\_\_\_\_

\_\_\_\_\_. I acknowledge that my tenant (Lessee) \_\_\_\_\_ has notified me of the application for Weatherization Assistance through HCEOC, and should they qualify and are awarded any services and/or items to promote energy efficiency/weatherization, HCEOC ***is not liable for any and all damage(s) to the stated property;*** any and all damages that may occur, including but not limited to, delivery of items, installation, repair, improvement and/or use of any of awarded items, products, services etc. are the sole responsibility of the vendor hired by HCEOC. All such claims shall be directed and resolved directly through the responsible party, company, vendor etc. I have read and completely understand and accept the terms of this application.

\_\_\_\_\_  
Landlord Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**!! Your landlord must complete the "Landlord Acknowledgement" . Your application will not be processed and will be deemed "DISQUALIFIED" without this form.**



\*\*\*\*\*AGENCY USE ONLY\*\*\*\*\*

**Energy Staff Certification:**

I, certify that the application and all necessary documents provided by above stated has been reviewed and verified. Weatherization Assistance Program services are:

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_ Reason: \_\_\_\_\_

**Educator Auditor**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have reviewed this application, documents and WAP policies and procedures to verify all information provided has been accurately executed by program staff. I agree with the decision of the Educator Auditor.

**WAP/WAP LIHEAP Program Manager**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date