

**FOR OFFICIAL USE ONLY:**

- WAP  
 WAP-LIHEAP  
 WAP-BIL

Date Received Application: \_\_\_\_\_  
Application Received By: \_\_\_\_\_

**APPLICATION FOR WEATHERIZATION ASSISTANCE PROGRAM PY 2023-2024**

**APPLICANT INFORMATION**

Applicant Name: (Last, First, MI)		Contact Number #:	Email Address:
Physical Address:		City/State	Zip Code
Mailing Address:		Length of Time at Present Address: ____ Years    ____ Months	Previous Address if less than (1) year:
<b>Dwelling Type</b> <input type="checkbox"/> Single Family Unit <input type="checkbox"/> Multi-Family Unit	<b>Housing Status</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent	<b>Does your household receive a federal subsidy for rent or utilities? Includes Housing Choice Voucher, Public Housing, or Project-Based Rental Assistance.</b> <input type="checkbox"/> NO <input type="checkbox"/> YES    If YES, Please list the type: _____	
Have you or anyone in your household previously applied for the Weatherization Assistance Program?			Circle one    YES    or    NO
<i>If Renting, Please complete Landlord Section</i> Landlord Name:		Landlord Contact #:	Landlord Email Address:
Landlord Mailing Address:		City & State	Zip Code
<i>If Homeowner, Please complete Homeowner Section</i>		Mortgage Lender:	
Property owner Name(s):		Property Tax Map Key #:	

**HOUSEHOLD MEMBERS**

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.

NAME	Relationship to Applicant	DOB	AGE	Do you receive SSI Supplemental Security Income?	Do you receive TANF? Temporary Assistance Needy Families	Are you currently employed?
1	SELF			Y or N	Y or N	Y or N
2				Y or N	Y or N	Y or N
3				Y or N	Y or N	Y or N
4				Y or N	Y or N	Y or N
5				Y or N	Y or N	Y or N
6				Y or N	Y or N	Y or N
7				Y or N	Y or N	Y or N

\*Please request additional sheets for a household size larger than seven\*

## HOUSEHOLD INCOME INFORMATION

**SECTION A: EARNED INCOME:**

List *all* employed household members **income**. *All* earnings must be verified.

Household Members Name	Employer Name & Address	Gross Monthly Income	Gross Annual Income	Full Time	Part Time	Hourly Pay Rate	Pay Frequency Weekly, Bi-Weekly, etc.
1.		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	
2.		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	
3.		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	
4.		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	
5.		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	
6.		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	
7.		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	
8.		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	

**SECTION B: SELF EMPLOYMENT INCOME:**

List *all* Self-employed household **members' income**. *All* income and expenses must be verified.

Self-Employed Person	Type of Business	Hours Per week	Monthly Expenses	Tips	Total Monthly Income
1.			\$	\$	\$
2.			\$	\$	\$

**SECTION C: UNEARNED INCOME:** *All* unearned income must be verified.

Income Type	Name of the person receiving benefits	Pay Frequency? Weekly, Monthly, etc.	Monthly Income
1. Welfare TANF Benefits			\$
2. Social Security			\$
3. Supplemental Security Income (SSI)			\$
4. Unemployment Insurance			\$
5. Temporary Disability Insurance			\$
6. Veteran's Benefits			\$
7. Foster Care Payments			\$
8. Federal Subsidy Utility Benefits			\$
9. Other			\$

## CERTIFICATION AND RELEASE AUTHORIZATION

Please initial each statement after reading; by initialing, you are validating that you understand each statement completely.

- |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <ul style="list-style-type: none"> <li>I Authorize Hawaii County Economic Opportunity Council to verify my income sources to determine my eligibility.</li> </ul>                                                                                                                                                                                                                                                                                                                        |
|  | <ul style="list-style-type: none"> <li>I Authorize Hawaii Economic Opportunity Council to contact my Employer to verify my employment status.</li> </ul>                                                                                                                                                                                                                                                                                                                                 |
|  | <ul style="list-style-type: none"> <li>I Authorize Hawaii County Economic Opportunity Council to contact my landlord regarding my application to determine my eligibility.</li> </ul>                                                                                                                                                                                                                                                                                                    |
|  | <ul style="list-style-type: none"> <li>I Authorize Hawaii County Economic Opportunity Council and or parties other than HCEOC to use any photographs, digital images, movies, audio/visual recordings, or academic work in all forms of media, including social media, for evaluation, instruction, education, and promotion of HCEOC non-profit service. I understand there will be no financial compensation for my time or expenses relating to the terms of this consent.</li> </ul> |
|  | <ul style="list-style-type: none"> <li>I understand that the information provided on this application for assistance may be used to monitor and evaluate the weatherization programs' effectiveness. In addition, the information may be used to investigate enforcement or prosecutorial proceedings.</li> </ul>                                                                                                                                                                        |
|  | <ul style="list-style-type: none"> <li>I understand that the information provided on this application may be used by the Department of Energy sponsoring this program to monitor its effectiveness and require the local community action agency to implement the program to keep records to enable DOE monitoring.</li> </ul>                                                                                                                                                           |
|  | <ul style="list-style-type: none"> <li>I understand that my eligibility for this weatherization assistance service is conditioned on my attendance and participation in an energy education seminar.</li> </ul>                                                                                                                                                                                                                                                                          |
|  | <ul style="list-style-type: none"> <li>I understand that my eligibility for this weatherization assistance service is conditioned on a Home Energy Audit Inspection(s).</li> </ul>                                                                                                                                                                                                                                                                                                       |
|  | <ul style="list-style-type: none"> <li>I understand that Hawaii Economic Opportunity Council will conduct a Home Energy Audit and make recommendations on energy-efficient appliances.</li> </ul>                                                                                                                                                                                                                                                                                        |
|  | <ul style="list-style-type: none"> <li>I understand that Hawaii Economic Opportunity Council will conduct energy audits every three months to ensure the applicant can reduce utility costs with energy-efficient alternatives.</li> </ul>                                                                                                                                                                                                                                               |
|  | <ul style="list-style-type: none"> <li>I understand that I may be required to repay benefits due to false or misleading statements.</li> </ul>                                                                                                                                                                                                                                                                                                                                           |

I, \_\_\_\_\_, certify that the information is true and correct to the best of my knowledge. I acknowledge that additional information or documentation may be necessary to determine or confirm my household's eligibility for assistance. I give consent to verify my income from other sources. I understand that my social security number will be used for reporting and eligibility verification. I understand that I may be required to repay benefits received due to false or misleading statements. I further understand that my eligibility for these weatherization Assistance services is conditioned on my attendance and/or participation in a consumer education class and home energy survey visits, as well as my participation in possible energy consumption monitoring as may be prescribed by the federal department of energy and/ or the state of Hawaii's office of community services.

Applicant Signature \_\_\_\_\_ Application Date: \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Application Date: \_\_\_\_\_

Witness if Signature is an "X": \_\_\_\_\_ Application Date: \_\_\_\_\_

Print Name of Applicant if Signature is "X": \_\_\_\_\_ Application Date: \_\_\_\_\_

I assisted the applicant in completing this application. I understand that anyone helping another person dishonestly get benefits is subject to criminal penalties. I certify that the answers I gave on this form are what I know personally about him/her or were provided by the applicant.

Print Name of individual assisting: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of individual assisting applicant: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

Physical Address of individual assisting applicant: \_\_\_\_\_ Contact Number: \_\_\_\_\_