



2018 LIHEAP APPLICATION INSTRUCTIONS

The Hawaii Low Income Home Energy Assistance Program (LIHEAP) is divided into two categories:

- **Energy Crisis Intervention (ECI)** – is a crisis program to assist households who are on the verge of utility termination or has been terminated within 60 days from the date of application.
- **Energy Credit (EC)** – non-crisis program to assist household with the heating and/or cooling of their residences with bill payment. This program has a limited application period, usually around May and or June.

Eligibility Requirements:

- Household members must be a U.S. citizen or a Lawful Permanent Resident.
- All adults must sign the application and provide a picture ID.
- All household members over one year must provide a social security number.
- You must have 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.

Household Annual Income Limits

HH size	Amount
1	\$20,790
2	\$28,008
3	\$35,226
4	\$42,444
5	\$49,662
6	\$56,880
7	\$64,080
8	\$71,298
Add hh member	+ \$7,218

if you need help paying your home energy bill we can help!

Honolulu Community Action Program (HCAP)

<http://www.hcapweb.org/low-income-home-energy-assistance-program-liheap/>

HCAP has 5 Convenient Locations

Central	Kalihi-Palama	Leahi
99-102 Kalaloa St. Aiea, HI Ph: 488-6834	1555 Haka Dr. Unit #2408 Honolulu, HI Ph: 847-0804	1915 Palolo Ave. Honolulu, HI Ph: 732-7755
Leeward	Windward	
85-555 Farrington Hwy Waianae, HI Ph: 696-4261	47-232 Waihee Rd. Kaneohe, HI Ph: 239-5754	

Once the application is completed please call the nearest HCAP office to schedule an appointment. Be sure to bring the following documents to your interview:

1. Current Electric or Gas Bill. (If the utility subscriber is different from the applicant and does not live in the household, 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.
Example Phone bill, doctor’s bill
3. Picture ID for all adults in the home.
4. Verification of Social Security numbers – cards for all household members
5. Proof of age and/or disability – birth certification for one child 0-5 years, OR verification of receipt of Social Security Disability benefits, ONLY IF NO ONE IN THE HOME IS OVER 60 YRS. OLD.
6. Proof of income – for all household members, bring all that apply. Pay stubs for all jobs since January; Self Employment income and expenses, award letters from Social Security, Welfare, unemployment & SSI, Pension/Retirement statement, etc.
7. Proof of Non-citizen Status –US passports, Permanent Resident Alien Card and/or birth certificates.



2018

FOR OFFICIAL USE ONLY:	
<input type="checkbox"/> Crisis	<input type="checkbox"/> Credit
Application Date: _____	
Agency: _____	
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 Y/N	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 own my home and do not pay a mortgage, but I pay property taxes \$ _____

I do not pay a mortgage home in foreclosure. How long? _____ Years

I do not pay any rent; it is paid by someone else.

Name of person who pays your rent _____ Relationship to you _____

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

HAVE YOU **ALREADY** APPLIED FOR THE LIHEAP PROGRAM DURING OCTOBER 2017- SEPTEMBER 2018 YES NO

IF YES, DATE APPLIED: _____ WAS YOUR LIHEAP APPLICATION APPROVED? YES NO

UTILITY SERVICE IS DISCONNECTED OR WILL BE DISCONNECTED: YES NO

DATE DISCONNECTED: _____

ELECTRIC:

Subscriber's name: _____

Address: _____

Account Number: _____

GAS:

Subscriber's name: _____

Address: _____

Account Number: _____

NON CITIZEN INFORMATION

COMPLETE THIS SECTION IF YOU ARE **NOT** A U.S. CITIZEN: *Attach verification of immigration status.*

NAME	BIRTH PLACE	FIRST DATE OF ENTRY	INS Form or Alien Registration Number



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/Year	End date MM/Year	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 self** 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	Start Date	End Date
			\$	\$	\$		
			\$	\$	\$		

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	PAY CHANGE
			\$
			\$

UNEARNED INCOME: Include **All** unearned income from January to present day. **All** unearned income must be verified.

Income Type	Name	Amount	How Often Received?	Start Date	End Date
Welfare/Cash Benefits		\$			
Supplemental Security Income (SSI)		\$			
Utility Allowance		\$			
Social Security		\$			
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)		\$			
Monies from personal savings account		\$			
Insurance Settlements – monthly		\$			
Financial Aid		\$			
Lump Sum (insurance settlements, retroactive payments)		\$			
Other (Cash from employment paid under the table, collecting cans, taxes charities, gifts)		\$			
Money from friends or relatives:		\$			
Name of friend or relative:	Phone Number:				



CERTIFICATION OF ELIGIBILITY, UNDERSTANDING & RELEASE FOR ALL HOUSEHOLD MEMBERS 18 YEARS+

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 60 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 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 Wavier 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 Hawaiian Electric 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 Honolulu Community Action Program (HCAP).

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 Hawaiian Electric 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 Hawaiian Electric Company and/or Hawaii Gas must be completed.

I authorize the Hawaiian Electric Company and/or Hawaii Gas to release information on my account; past, current and future to the Department of Human Services of Hawaii and Honolulu Community Action Program.

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:

HCAP Central District Service Center
at 488-6834



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 \$500 for eligible charges which is deposited into the utility account. If the household's bill is greater than the \$500, 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