Honolulu Community Action Program (HCAP)
Contact the Central District Service Center at 488-6834 for more information

District Service Centers
HCAP operates five District Service Centers which offer a variety of programs and services including intake, assessment, case management, and support services.

HCAP Head Start
HCAP Head Start is a federally funded program that provides quality services to qualifying children and their families. It is comprised of the Head Start preschool program for children 3 to 5 years old and the Early Head Start program for infants, toddlers, and pregnant women.

Hā Initiative: Creative STEM After-School Program
The Hā Initiative is a fun and creative place for kids in grades 2 through 8 to learn and grow by exploring the worlds of Science, Technology, Engineering & Math (STEM).

Income Tax Services
HCAP’s Earned Income Tax Credit (EITC) income tax services program assists individuals and families with completing their income taxes.

Kumuhonua Transitional Living Center
Kumuhonua provides transitional housing for single adults and couples (18 and over) who are homeless or at-risk for homelessness.

Low-Income Home Energy Assistance Program (LIHEAP)
LIHEAP helps families keep their utilities (gas or electric) on by applying an energy assistance grant directly to the energy provider on behalf of the eligible household.

Na Lima Hana Employment Core Services
Na Lima Hana “for the working hand” Employment Core Services provides employment preparation training, personalized case management services, and job placement to unemployed and underemployed individuals.

Senior Community Service Employment Program (SCSEP)
SCSEP provides part-time subsidized training and employment to low-income seniors aged 55 & older.

Weatherization Assistance Program (WAP)
WAP conducts a home energy audit plus household-specific energy efficiency tips and education, and a selection of free cost–effective energy efficient measures.

www.hcapweb.org  @HCAPhi
Energy Conservation Tips

**Water Heater**
- Repair leaky hot water faucets.
- Drain a bucket of water from the faucet at the base of the heater every 3 months to remove sediment.
- Reduce hot water usage up to 50% by installing low-flow heads in showers and on faucets.
- Turn off the water heater at the circuit breaker if you leave home for more than two days.

**Refrigerator**
- Keep the refrigerator out of direct sunlight and away from heat sources.
- Organize the contents and minimize the number of times you open the door.
- Let hot food cool before putting it away. The FDA says cooked food is safe on the counter for at least 1 hour, long enough to let it cool to room temperature. Doing so will save the refrigerator from using more energy to cool the food.
- Do not cover open shelves with foil. This prevents the cold air from circulating.
- Periodically clean the dust from the condenser coils (usually found at the bottom of the refrigerator).

**Range/Oven**
- Use a microwave or toaster oven even if you are cooking or heating a small amount of food.
- Match the diameter of pots and pans to that of the heating element on the stovetop. Also use tight-fitting lids.
- Plan meals so that you use your oven to cook a vegetable dish or dessert along with your main dish.

**Laundry**
- Always use cold water. Only use warm water for oily stains on clothes.
- Dry full loads, but do not overload. Dry multiple loads in succession to use retained heat.
- Check and clean the lint trap in the dryer often. Accumulating lint restricts air circulation and is a fire hazard.

**Lights**
- Use lower wattage bulbs when possible. Turn off all lights that aren’t being used.
- Light-emitting diodes (LEDs) use at least 75% less energy and last longer than incandescent bulbs.
- When possible, place floor, table, and hanging lamps in corners so they reflect more light.
## 2020 Low-Income Home Energy Assistance Program

### What is LIHEAP?

The Low-Income Home Energy Assistance Program (LIHEAP) provides heating and/or cooling assistance to needy Hawaii households by assisting with one-time payments towards their utility bill (electric or gas) in two ways:

- **Energy Crisis Intervention (ECI) program** – Household is in crisis, the electric or gas service has been disconnected or will be terminated as the household has been notified via a disconnect notice from the utility company.
- **Energy Credit (EC) program** – Low income households who are not in crisis but need assistance with the heating and cooling of their residence with bill payment.

*PROGRAM IS CURRENTLY CLOSED, WILL REOPEN IN JUNE 2020*

The program begins October 1st to September 30th each year. A household may receive one LIHEAP payment per program year. All benefits are paid as a one-time only credit paid directly to the utility company of your choice.

### Where can I apply for LIHEAP?

At your local Community Action Program on your Island (County):

<table>
<thead>
<tr>
<th>OAHU: HONOLULU COMMUNITY ACTION PROGRAM (HCAP)</th>
<th>HAWAII: HAWAII COUNTY ECONOMIC OPPORTUNITY COUNCIL (HCEOC)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Central District Service Center</strong>&lt;br&gt;99-102 Kalaloa St.&lt;br&gt;Aiea, HI 96701&lt;br&gt;Ph: (808) 488-6834</td>
<td><strong>Hilo Community Services Office:</strong>&lt;br&gt;47 Rainbow Dr.&lt;br&gt;Hilo, HI 96720&lt;br&gt;Ph: (808) 961-2681 ext. 201&lt;br&gt;Website: <a href="http://hceoc.net/programs/energy/">http://hceoc.net/programs/energy/</a></td>
</tr>
<tr>
<td><strong>Kalihi-Palama District Service Center</strong>&lt;br&gt;1555 Haka Dr., Unit 2408&lt;br&gt;Honolulu, HI 96817&lt;br&gt;Ph: (808) 847-0804</td>
<td><strong>Website:</strong> <a href="http://hceoc.net/programs/energy/">http://hceoc.net/programs/energy/</a></td>
</tr>
<tr>
<td><strong>Leahi District Service Center</strong>&lt;br&gt;1915 Palolo Ave.&lt;br&gt;Honolulu, HI 96816&lt;br&gt;Ph: (808) 732-7755</td>
<td><strong>HAWAI'I: HAWAII COUNTY ECONOMIC OPPORTUNITY COUNCIL (HCEOC)</strong></td>
</tr>
<tr>
<td><strong>Leeward District Service Center</strong>&lt;br&gt;85-555 Farrington Hwy.&lt;br&gt;Waianae, HI 96792&lt;br&gt;Ph: (808) 696-4261</td>
<td><strong>MAUI: MAUI ECONOMIC OPPORTUNITY (MEO)</strong></td>
</tr>
<tr>
<td><strong>Windward District Service Center</strong>&lt;br&gt;47-232 Waihee Rd.&lt;br&gt;Kaneohe, HI 96744&lt;br&gt;Ph: (808) 239-5754</td>
<td><strong>MEO MAUI OFFICE</strong>&lt;br&gt;99 Mahelani St.&lt;br&gt;Wailuku, HI 96703&lt;br&gt;Ph: (808) 245-4077&lt;br&gt;Website: <a href="http://moeinc.org">http://moeinc.org</a></td>
</tr>
<tr>
<td><strong>Website:</strong> <a href="http://hcappweb.org">http://hcappweb.org</a></td>
<td><strong>LANAI OFFICE</strong>&lt;br&gt;1144 Ilima St. #102&lt;br&gt;Lanai City, HI 96793&lt;br&gt;Ph: 808-565-6665</td>
</tr>
<tr>
<td><strong>KAUA'I: KAUA'I ECONOMIC OPPORTUNITY (KEO)</strong></td>
<td><strong>HANA OFFICE</strong>&lt;br&gt;1501 Uakea Rd.&lt;br&gt;Hana, HI 96713&lt;br&gt;Ph: (808) 243-4342</td>
</tr>
<tr>
<td><strong>KEO Inc.</strong>&lt;br&gt;2804 Wehe Rd.&lt;br&gt;Lihue, HI 96766&lt;br&gt;Ph: (808) 245-4077</td>
<td><strong>Website:</strong> <a href="http://moeinc.org">http://moeinc.org</a></td>
</tr>
</tbody>
</table>

*Please call or visit their website to determine their hours of operation and to schedule an interview appointment.

**Note:** The State does not accept applications.
2019-2020
LIHEAP APPLICATION INSTRUCTIONS

The Hawaii Low-Income Home Energy Assistance Program (LIHEAP) provides heating and cooling to needy Hawaii households by assisting with one-time payments toward their utility bill (electric or gas) in two ways:

- **Energy Crisis Intervention (ECI)** – is a crisis program to assist households who are on the verge of utility termination or has been terminated.
- **Energy Credit (EC)** – non-crisis program to assist households with the heating and/or cooling of their residences with bill payment. This program has a limited application period, currently closed until June 2020. Application periods will be announced via the Hawaiian Electric Newsletter, Ho’oku’i, and on your Hawaii Gas bill each year.

**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.
- Households with a TANF, SSI or SNAP recipient may be eligible for an income exemption.

**Household Annual Income Limits**

<table>
<thead>
<tr>
<th>HH size</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>$21,570</td>
</tr>
<tr>
<td>2</td>
<td>$29,190</td>
</tr>
<tr>
<td>3</td>
<td>$36,810</td>
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<td>4</td>
<td>$44,430</td>
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<td>5</td>
<td>$52,050</td>
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<tr>
<td>6</td>
<td>$59,670</td>
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<tr>
<td>7</td>
<td>$67,290</td>
</tr>
<tr>
<td>8</td>
<td>$74,910</td>
</tr>
<tr>
<td>Add’l HH member</td>
<td>$7,620</td>
</tr>
</tbody>
</table>

If you need help paying your home energy bill we can help!
Applications must be submitted in person by appointments only to:
Honolulu Community Action Program (HCAP)
http://www.hcapweb.org/low-income-home-energy-assistance-program-liheap/

- **Central**
  99-102 Kalaloa St.  
  Aiea, HI  
  Ph: 488-6834

- **Kalihi-Palama**
  1555 Haka Dr. Unit #2408  
  Honolulu, HI  
  Ph: 847-0804

- **Leahi**
  1915 Palolo Ave.
  Honolulu, HI  
  Ph: 732-7755

- **Leeward**
  85-555 Farrington Hwy  
  Waianae, HI  
  Ph: 696-4261

- **Windward**
  47-232 Waihee Rd.  
  Kaneohe, HI  
  Ph: 239-5754

Once the application is completed please contact the nearest HCAP office to schedule an appointment.

Be sure to bring the following documents to your interview:

1. Current bill and/or disconnect notice 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 utility bill that shows current address for applicant and/or welfare recipient’s current address. Example: phone bill, cable bill, etc.)
3. Picture IDs and social security cards.
4. 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 and HOUSEHOLD RECEIVES NO RENT SUBSIDIES.
5. Proof of income – For all household members. Bring all that apply: Last pay stub for all jobs since January 2020; Self Employed Log/Receipts showing income/expenses for 2020; 2020 Award letters for Social Security, Unemployment, & SSI; Pension/Retirement statement, etc.
6. Proof of Non-Citizenship Status – If you are a non-citizen and you were born outside the US please bring your (Passport and/or Permanent Resident Alien Card, etc.)
**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

<table>
<thead>
<tr>
<th>YOUR NAME: (Last, First, MI)</th>
<th>Phone number:</th>
<th>Alternate phone number:</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>RESIDENCE ADDRESS: (Where you live)</th>
<th>APT. NO</th>
<th>CITY &amp; STATE</th>
<th>ZIP CODE</th>
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<tr>
<th>MAILING ADDRESS: (If different from above)</th>
<th>APT. NO</th>
<th>CITY &amp; STATE</th>
<th>ZIP CODE</th>
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</table>

### 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 household members are US Citizens, Permanent Resident Aliens or Non-Citizens. 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.

<table>
<thead>
<tr>
<th>Name (Last, First, Middle) (Jr., Sr., III)</th>
<th>Relationship to you</th>
<th>Date of birth</th>
<th>Age</th>
<th>Check one only</th>
<th>Social Security Number</th>
<th>SEX M/F</th>
<th>SNAP</th>
<th>WELFARE/CASH</th>
<th>SSI</th>
<th>DISABLED</th>
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*** 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? ☐ YES ☐ NO ☐ SOME

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? ☐ Yes ☐ No ☐ Centralized ☐ Window unit/Split System ☐ Portable

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**

**Rental Subsidies:**

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  □ Affordable Housing  □ Public/County Housing  □ HUD  □ Other: ____________________________

If you live 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)

**Private Dwelling:**

□ Rent $___________

□ Mortgage $___________

□ Maintenance Fee $___________

□ I own/rent my home and pay zero mortgage/rent, but I pay property taxes.  $___________

□ I pay zero mortgage homes in foreclosure. How long? ___________Years.

□ I pay zero rent I live in my family or friends home and there is no mortgage or property taxes.

□ I pay zero rent because it is included with my employment.

□ I pay zero rent Mortgage/rent; it is paid by someone else. Name of person below:

Name of person who pays your rent __________________________ Relationship to you: _____________ Phone: __________________

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

UTILITY SERVICE IS DISCONNECTED OR WILL BE DISCONNECTED:  □ YES  □ NO

DATE UTILITY SERVICE WAS DISCONNECTED: __________________________

Utility Information:

Name on bill: ____________________________________________

Address on bill: ____________________________________________

Account Number: ____________________________________________

**NON CITIZEN INFORMATION**

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>BIRTH PLACE</th>
<th>FIRST</th>
<th>DATE OF ENTRY</th>
<th>INS Form or Alien Registration Number</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
**EARNED INCOME:**
List all employed household members. Include employment from January to present day. All earnings must be verified.

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer Name &amp; Address/Job Title</th>
<th>Start date Month &amp; Year</th>
<th>Are you still working Yes or No</th>
<th>If No end date month &amp; year</th>
<th>Hours work per week</th>
<th>Pay rate per hour</th>
<th>Gross pay per pay check</th>
<th>Cash tips per month</th>
<th>Pay frequency</th>
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</table>

**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.

<table>
<thead>
<tr>
<th>Self Employed Person</th>
<th>Type of Business</th>
<th>Hours per week</th>
<th>Monthly Gross</th>
<th>Monthly Tips</th>
<th>Monthly Expenses</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Income Type</th>
<th>Name of person receiving benefits</th>
<th>Monthly Amount</th>
<th>Start Date MM/Year</th>
<th>End Date MM/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welfare/Cash Benefits (NOT SNAP)</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td>$</td>
<td></td>
<td></td>
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<tr>
<td>Utility Allowance</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Social Security</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td>$</td>
<td></td>
<td></td>
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<tr>
<td>Temporary Disability Insurance</td>
<td>$</td>
<td></td>
<td></td>
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<tr>
<td>Veteran’s Benefits</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>$</td>
<td></td>
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<tr>
<td>Pension</td>
<td>$</td>
<td></td>
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<tr>
<td>Child Support</td>
<td>$</td>
<td></td>
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<tr>
<td>Alimony</td>
<td>$</td>
<td></td>
<td></td>
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<tr>
<td>Foster Care Payments/ Imua Kakou (Voluntary Foster Payments to young adults)</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monies from personal savings used to pay bills</td>
<td>$</td>
<td></td>
<td></td>
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<tr>
<td>Insurance Settlements – monthly</td>
<td>$</td>
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<tr>
<td>Financial Aid</td>
<td>$</td>
<td></td>
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<tr>
<td>Tax Refund used to support household</td>
<td>$</td>
<td></td>
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<tr>
<td>Lump Sum (insurance settlements, retroactive payments)</td>
<td>$</td>
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<tr>
<td>Other (Cash from employment paid under the table, collecting cans, charities, gifts, etc.)</td>
<td>$</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Money from friends or relatives given to pay expenses:</td>
<td>$</td>
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</tr>
</tbody>
</table>

Name of friend or relative who gives you money to pay monthly expenses: 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 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 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 indishonestly 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

L-1 (10/19)
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: ____________________________________________________________

___________________________________________ is responsible for my utility account with Hawaiian Electric 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 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

L-3 (HCAP) 10/18