

# 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

**\*PROGRAM IS CURRENTLY ACCEPTING APPLICATIONS**

- **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 2021\***

The program begins October 1st to September 30<sup>th</sup> 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):

<b>OAHU: HONOLULU COMMUNITY ACTION PROGRAM (HCAP)</b>		<b>HAWAII: HAWAII COUNTY ECONOMIC OPPORTUNITY COUNCIL (HCEOC)</b>	
<b>Central District Service Center</b> 99-102 Kalaloe St. Aiea, HI 96701 Ph: (808) 488-6834	<b>Kalihi-Palama District Service Center</b> 1555 Haka Dr., Unit 2408 Honolulu, HI 96817 Ph: (808) 847-0804	<b>Hilo Community Services Office:</b> 47 Rainbow Dr. Hilo, HI 96720 Ph: (808) 961-2681 ext. 201 <b>Website: : <a href="http://hceoc.net/programs/energy/">http://hceoc.net/programs/energy/</a></b>	
<b>Leahi District Service Center</b> 1915 Palolo Ave. Honolulu, HI 96816 Ph: (808) 732-7755	<b>Leeward District Service Center</b> 85-555 Farrington Hwy. Waianae, HI 96792 Ph: (808) 696-4261	<b>MAUI: MAUI ECONOMIC OPPORTUNITY (MEO)</b>	
<b>Windard District Service Center</b> 47-232 Waihee Rd. Kaneohe, HI 96744 Ph: (808) 239-5754 <b>Website: <a href="http://hcapweb.org">http://hcapweb.org</a></b>		<b>MEO MAUI OFFICE</b> 99 Mahelani St. Wailuku, HI 96703 Ph: (808) 245-4077 <b>Website: <a href="http://meoinc.org">http://meoinc.org</a></b>	<b>HANA OFFICE</b> 1501 Uakea Rd. Hana, HI 96713 Ph: (808) 243-4342
<b>KAUAI: KAUAI ECONOMIC OPPORTUNITY (KEO)</b>		<b>MOLOKAI OFFICE</b> 380 Kolapa Pl PO Box 677 Kaunakakai, HI 96748 Ph: (808) 553-3216	<b>LANAI OFFICE</b> 1144 Ilima St. #102 PO BOX 630068 Lanai City, HI 96793 Ph: 808-565-6665
<b>KEO Inc.</b> 2804 Wehe Rd. Lihue, HI 96766 Ph: (808) 245-4077			

**2019-2020 LIHEAP Income Limits**

HH size	Income Limit
1	\$21,570
2	\$29,190
3	\$36,810
4	\$44,430
5	\$52,050
6	\$59,670
7	\$67,290
8	\$74,910
Add'l HH member	\$7,620

**Disaster ECI Benefits Income Limits**

HH size	Income Limit
1	\$30,767
2	\$40,234
3	\$49,700
4	\$59,167
5	\$68,634
6	\$78,100
7	\$87,566
8	\$97,032
Add'l HH member	\$9,466

If your household's income has been **reduced** due to the COVID-19 pandemic, you may be eligible for Disaster ECI benefits. This is a one-time payment made directly to the utility company.

**Note: The State does not accept applications.**



If you need help paying  
your home energy bill...  
we can help!

## July 1, 2020-September 30, 2020

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

For assistance contact your nearest location:

**Central**  
99-102 Kalaloe St  
Aiea, HI  
488-6834

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

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

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

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

The Energy Crisis Intervention program (ECI) assists with up to \$650 to restore power to the residence of a household whose electricity or gas has been shut off or is about to be terminated. **If your household's income has been reduced due to the COVID-19 pandemic, you may be eligible for Disaster ECI benefits** This is a one-time payment made directly to the utility company.

### Submit ALL of the following documents to apply for Electric/Gas Energy Crisis Intervention

- 1. CURRENT ORIGINAL HECO ELECTRIC BILL OR HAWAII GAS BILL** If utility subscriber is different from applicant and does not live in household; they must sign a form and provide an ID.
  - 2. PROOF OF RESIDENCE** Provide a document other than utility bill that shows current address for applicant. (Examples: phone bill, cable bill, etc.) Welfare recipient's part of the household must show documented proof of current address.
  - 3. PHOTO IDENTIFICATION** Provide photo ID for all household members 18 yrs. & older.
  - 4. SOCIAL SECURITY NUMBERS** Provide legal documents to verify Social Security Numbers of all household members older than 1 year of age.
  - 5. PROOF OF INCOME** Provide proof of income for all household members. Bring all that apply: Last pay stubs for all jobs since January 2020; Self Employed Log/Receipts showing income/expenses for 2020; 2020 Award letters for Social Security, Welfare, Unemployment, SSI; Pension/ Retirement statement, etc.
- \* **Regardless of income, if there is at least one person in the household that receives SNAP (Food Stamps) or SSI benefits and all program requirements are met, household may be eligible for an income exemption**
- 6. PROOF OF NON-CITIZEN STATUS** If you are a non-citizen and you were born outside the US, please bring your Permanent Resident Alien Card ("Green Card").



LIHEAP is a program of Honolulu Community Action Program, Inc. in partnership with the U.S. Department of Health and Human Services and Hawaii Department of Human Services





# Honolulu Community Action Program, Inc.

Contact the Corporate Office at 808-521-4531 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 & Early Head Start

HCAP Head Start & Early Head Start is a federally funded program that provides quality services to qualifying preschoolers, infants, toddlers, pregnant women, and their families. HCAP Head Start & Early Head Start services are provided through part-day and full-day center-based programs, and home-based programs.

## 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.

## Nā Lima Hana Employment Core Services

Nā 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.

## 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.

**Central District Service Center**

(808) 488-6834

**Kalihi-Plama District Service Center**

(808) 847-0804

**Leahi District Service Center**

(808) 732-7755

**Leeward District Service Center**

(808) 696-4261

**Windward District Service Center**

(808) 239-5754

[www.hcapweb.org](http://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).

## 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.

## 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.





2020

FOR OFFICIAL USE ONLY:  
 Crisis       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**

<b>YOUR NAME: (Last, First, MI)</b>	<b>Phone number:</b>	<b>Alternate phone number:</b>
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<b>RESIDENCE ADDRESS: (Where you live)</b>	<b>APT. NO</b>	<b>CITY &amp; STATE</b>	<b>ZIP CODE</b>
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<b>MAILING ADDRESS: (If different from above)</b>	<b>APT. NO</b>	<b>CITY &amp; STATE</b>	<b>ZIP CODE</b>
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**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.

Name (Last, First, Middle) (Jr., Sr., III)	Relationship to you	Date of birth	Age	Check one only				Social Security Number	SEX M/F	SNAP	WELFARE/ CASH	SSI	DISABLED
				US Citizen	Permanent Resident Alien	Non-Citizen							
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?  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 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.*

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 Month & Year	Are you still working Yes or No	If No end date month & year	Hours work Per week	Pay rate per hour	Gross pay per pay check	Cash 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	Monthly 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 of person receiving benefits	Monthly Amount	Start Date MM/Year	End Date MM/Year
Welfare/Cash Benefits (NOT SNAP)		\$		
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 used to pay bills		\$		
Insurance Settlements – monthly		\$		
Financial Aid		\$		
Tax Refund used to support household		\$		
Lump Sum (insurance settlements, retroactive payments)		\$		
Other (Cash from employment paid under the table, collecting cans, charities, gifts, etc.)		\$		
Money from friends or relatives given to pay expenses:		\$		
Name of friend or relative who gives you money to pay monthly expenses:	Phone Number:			





**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  
(Applicants Name)

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 for eligible charges which is deposited into the utility account. If the household's bill is greater than the maximum ECI benefit amount, 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 this program also requires the household to maintain an open account with the utility company until the day the credit is applied; and credit is 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 credit has 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 1<sup>st</sup> through September 30<sup>th</sup>)**

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.

\_\_\_\_\_  
Applicants Signature

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

\_\_\_\_\_  
LIHEAP Worker

\_\_\_\_\_  
Date