



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

It's time for the annual LIHEAP Energy Credit application period. For your safety and convenience during the ongoing COVID-19 pandemic, applications will be accepted from **June 1-June 30, 2021 by mail, email or dropped off at you nearest District Service Center**. Once you have completed the application please submit your application with the required documents listed below

**This application will allow you to apply for one of the following programs:**

**Energy Credit (EC) Program:** assists needy households who are not in crisis but need assistance with bill payment for the heating and cooling of their residence. This credit will be deposited later in the year.

**Energy Crisis Intervention (ECI) program:** assists needy households in crisis, the electric or gas service has been or will be disconnected. Household must have an Urgent Past Due Payment Reminder or Final Notice Before Disconnection. to apply for this portion of the program.

***If your application and documents are correctly submitted, you will not be interviewed. Instead, your information will be reviewed, and your eligibility will be determined. If your application is incomplete, missing documents, or there are questions regarding your application, you may be contacted for an interview. Use this checklist to ensure you have all the required documents needed to process your application.***

**Please include ALL of the following documents when submitting your application:**

- CURRENT HECO ELECTRIC BILL OR HAWAII GAS BILL** must be the entire bill showing usage. If applying for gas assistance, also submit your most recent electric bill. If applying for emergency assistance you must also submit an Urgent Past Due Payment Reminder or Final Notice Before Disconnection.
- PROOF OF RESIDENCE** Provide a document other than utility bill that shows current address for applicant. (Example: phone bill, cable bill, etc.) Welfare recipient's part of the household must also submit documented proof of current address.
- PHOTO IDENTIFICATION** Provide photo ID for all household members 18 yrs. & older.
- SOCIAL SECURITY NUMBERS** Provide legal documents to verify Social Security Numbers of all household members over 1 year old.
- PROOF OF INCOME** Provide proof of income for all household members. Provide all that apply: Last pay stubs for all jobs since January 2021; Self Employed Log/Receipts showing income/expenses for 2021; 2021 Award letters for Social Security, SSI; Pension/ Retirement, Log of Unemployment benefits received in 2021, etc.
- \* Regardless of income, if there is at least one person in the household that receives SNAP (Food Stamps), TANF or SSI benefits and all program requirements are met, household may be eligible for an income exemption**
- PROOF OF NON-CITIZEN STATUS** If you are a non-citizen and you were born outside the US, please provide your Permanent Resident Alien Card ("Green Card").
- COMPLETED LIHEAP APPLICATION** (Enclosed) Please ensure application is completely filled out. Do not leave any questions blank. Use N/A or None where necessary or zero if no one in your household receive that type of income.
- SIGNATURE** All adults over 18 in the household must sign the application.
- L-3 Consent to Release** (Enclosed) Complete and sign the top portion. If you're utility account is in another person's name they must complete and sign the bottom portion of the form and provide a copy of their ID.
- L-4 Declaration of Active Utility Account** (Enclosed) Select which program and utility company you would like to apply for, and sign. **EC** for Energy Credit or **ECI** for Energy Crisis Intervention and **HECO** or **GASCO**





Honolulu Community Action Program, Inc.

# 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.

## Hale Kākou & Kokua Food Assistance Program

HCAP is currently providing utility and food assistance for those individuals and households impacted by COVID-19 through loss of employment, reduction of work hours, or other pandemic-related challenges.

**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

**The Department of Human Service does not accept LIHEAP applications.**

Please mail your completed application and supporting documents in the envelope provided **as soon as possible** to:

Central District Service Center  
99-102 Kalaloa Street  
Aiea, Hawaii 96701

or email to [liheapapplication@hcapweb.org](mailto:liheapapplication@hcapweb.org)

Applications will be accepted from **June 1 – June 30, 2021**  
Applications must be postmarked **no later than June 30, 2021**

**Faxed or Late applications will not be accepted.**

For more information contact your closest District Service Center

**Central District Service Center**  
488-6834

**Leahi District Service Center**  
732-7755

**Kalihi-Palama District Service Center**  
847-0804

**Leeward District Service Center**  
696-4261

**Windward District Service Center**  
239-5754

For more information go to our website at:

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

**2021 LIHEAP INCOME LIMITS**

<b>Household size</b>	<b>Annual Income</b>
<b>1</b>	\$22,020
<b>2</b>	\$29,745
<b>3</b>	\$37,470
<b>4</b>	\$45,195
<b>5</b>	\$52,920
<b>6</b>	\$60,645
<b>7</b>	\$68,370
<b>8</b>	\$76,095
<b>Each additional member</b>	<b>\$7,725</b>

If your household's income has been reduced due to the COVID-19 pandemic, you may be eligible for Disaster ECI benefits with different income limits than shown above. You may provide details of reduced income caused by COVID-19 pandemic in the Income Information section of the application and provide supporting documents such as a letter from your employer, unemployment award letter, etc.

# 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.





2021

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**

<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:		



**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 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  
(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