



LIHWAP UTILITY INFORMATION RELEASE FORM
(APPLICANT)

I, _____ hereby, authorize _____ to release
(Name of applicant) (Name of water/wastewater company)
information on my account; past, current, and future to the Department of Human Services of the State of Hawaii and Honolulu Community Action Program. I understand that this information will be used only to provide information for the administration of the Low-Income Home Water Assistance Program (LIHWAP).

Applicant's Name: _____ Account#: _____

Applicant's Address: _____

Applicant's Signature: _____ Date: _____

SUBSCRIBER'S UTILITY INFORMATION RELEASE FORM
(IF NOT APPLICANT)

I understand _____ "Applicant" is applying for assistance from the
(applicant name)
Low-Income Home Water Assistance Program (LIHWAP).

Select one:

- Applicant is responsible for my account with my water/wastewater utility company. I understand that as an applicant for LIHWAP, verification of my account with the company must be completed and authorize release of information on my account; past, current, and future, to the Department of Human Services of the State of Hawaii and Honolulu Community Action Program.
- Applicant's rent includes water/wastewater service. If approved for LIHWAP, I agree to reduce the rent or past due rent by the amount of LIHWAP benefit applied to the account.
- Applicant is responsible for a portion of the total water/wastewater bill. If approved for LIHWAP, I agree to reduce their portion of the water/wastewater bill by the amount of LIHWAP benefit applied to the account.

Water/Wastewater Company: _____

Subscriber's Name: _____ Account#: _____

Subscriber's Address: _____

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 (808)488-6834 Kalihi-Pālama (808) 847-0804 Lē'ahi (808) 732-7755 Leeward (808) 696-4261
Windward District Office (808) 239-5754