



2025

FOR OFFICIAL USE ONLY:	
H-HEAP	<input type="checkbox"/> Crisis <input type="checkbox"/> Credit
Worker: _____	Office: _____

APPLICATION FOR H-HEAP

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.

SECTION A: APPLICANT/HOUSEHOLD INFORMATION

1. Your name: (Last, First, MI)		2. Phone number:	3. Alternate phone #:
4. Residence address: (Where you live)	Apt. No	City & state	Zip code
5. Mailing address: (If different from above)	Apt. No	City & state	Zip code
6. E-mail address:		7. Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Mail	
8. Household Size For H-HEAP purposes, the term "household" means any individual or group of individuals who are living together as one unit for whom residential energy services are customarily purchased in common, or who make payments for those services in the form of rent. How many people are in your household? _____ Complete Attachment 1 Household Members (page 3)			
9. What is the primary language spoken in your home? _____			
10. Do you read, write, and understand English? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Some			
11. Do you need an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes: <input type="checkbox"/> I will provide my own interpreter. <input type="checkbox"/> I would like an interpreter provided at no charge to me. Language: _____			

SECTION B: INCOME INFORMATION

12. Is anyone in your household currently enrolled in any of the following program(s)? This information helps us determine eligibility and may help us to provide faster assistance because you have already provided information on your income and household in applying for these programs. Check all that apply:			
Program	Yes	No	Unsure
Supplemental Assistance Nutrition Program (SNAP)			
Supplemental Security Income (SSI)			
Temporary Assistance for Needy Families (TANF)			
13. Does anyone in your household receive income? Complete Attachment 2 Household Income (page 4)			



SECTION C: ENERGY SERVICE INFORMATION

14. What is your current household energy assistance need? (Check only one):
 My household energy service is on, but we need help paying future bills.
 My household energy service has been shut off due to a past due bill. Disconnection date: _____
 My household energy service is scheduled to be shut off. Disconnection date: _____
15. Does anyone in the home depend on medical devices such as oxygen, CPAP machine, life support, home dialysis, nebulizer, or refrigerated medications such as insulin? No Yes
16. Do you pay your energy bill directly to your utility company? No Yes

17. I would like assistance with my bill for (Check only one): Electric Gas

ELECTRIC: (HECO, HELCO MECO, KIUC)

GAS: (Hawaii Gas Company)

Subscriber's name: _____

Subscriber's name: _____

Residence Address: _____

Residence Address: _____

Account Number: _____

Account Number: _____

SECTION D: DWELLING INFORMATION

18. What is your current living situation? Rent Own
19. Do you receive housing assistance? No Yes If yes, what type of assistance do you receive? (Check all that apply)
 Section 8 Senior/Disabled Housing Public/County Housing HUD Other: _____
20. Rent you pay \$_____ + Housing Assistance payment \$_____ = \$_____ (total rent)
21. Do you receive a utility allowance check? No Yes How much? \$_____
22. Shelter Expenses
 Rent \$_____ Landlord or Company's Name: _____
 Landlord's Address: _____ Phone #: _____
 Mortgage \$_____
- Maintenance Fee \$_____ Does the maintenance fee include any utilities? No Yes
 If yes, which utilities? _____
- I own my home and do not pay a mortgage, but I pay property taxes.
 I do not pay rent because I live in my family or friend's home and am not charged rent.
 Name of person: _____ Relationship to you: _____ Phone #: _____
- I do not pay rent because it is included with my employment, or I am a caretaker for the property.
 Name of employer/owner: _____ Phone #: _____
- I do not pay rent/mortgage because someone else pays for it.
 Name of person: _____ Relationship to you: _____ Phone #: _____
23. Does rent/mortgage include electric/gas service? No Yes
24. Are you charged for a portion of the electric/gas bill separately from the rent/mortgage? No Yes If yes, what is your share? _____
25. Are you behind on your rent/mortgage? No Yes If yes, how much? _____



ATTACHMENT 1: HOUSEHOLD MEMBERS

Complete the following for every person in your household. For H-HEAP purposes, the term "household" means any individual or group of individuals who are living together as one unit for whom residential energy services are customarily purchased in common, or who make payments for those services in the form of rent.

Name (Last, First, Middle) (Jr., Sr., III)	Relationship to you	Date of birth	Age	Social Security Number	Citizenship			Sex M/F	Disabled	*Ethnicity	**Race
					U.S. Citizen	Perm. Res. Alien	Non-Citizen				
1	SELF										
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											

*Ethnicity Codes	**Race Codes
HI – Hispanic, Latino or Spanish Origins NH – Not Hispanic, Latino or Spanish Origins	AI – American Indian or Alaska Native AS – Asian BL – Black or African American HA – Native Hawaiian/Pacific Islander WH – White MR – Multi-race (two or more of the above) OT – Other

NON-CITIZEN INFORMATION

Complete this section if you are **not** a U.S. Citizen. Attach verification of immigration status. Attach an additional sheet if necessary.

Name	Birthplace	Date of entry	INS Form or Alien Registration Number



ATTACHMENT 2: HOUSEHOLD INCOME

Complete the following for every person in your household. Provide supporting documents such as paystubs, income and receipts for self-employment, benefit letters, etc. for the prior month.

Earned Income: List all employed household members. Include employment from month prior to application to present. All earnings must be verified. Attach additional sheet if necessary.

Name	Employer Name & Address Job Title	Start date MM/YY	End date MM/YY	Hours per week	Rate per hour	Gross pay per pay check	Tips per month	Pay frequency

Self-Employment Income: Money from a business, baby-sitting, out of home sales, swap meets, garage sales, car repairs, etc. List all employed household members. Include all income received in the prior month. All income and expenses must be verified.

Self Employed Person	Type of Business	Hours per week	Monthly Gross	Tips	Monthly Expenses

Unearned Income: All unearned income must be verified.

Income Type	Name	Amount	How Often Received? (monthly, weekly)
Public Assistance/Cash Benefits			
Social Security			
Supplemental Security Income (SSI)			
Unemployment Insurance			
Temporary Disability Insurance			
Veteran's Benefits			
Worker's Compensation			
Pension			
Child Support			
Alimony			
Foster Care, Adoption, or Imua Kākou			
Insurance Settlements			
Money from friends, relatives, charities, contributions, gifts			
Lump Sum (insurance settlements, retroactive payments)			
Other (Cash jobs, collecting cans, etc.)			

Does anyone expect a change in income (such as a new job, change in wages, etc.)? No Yes

Name of person	Explain change	Date of change



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

My signature on this application gives my permission to the Department of Human Services (DHS) 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 DHS.
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 based on 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 H-HEAP benefits, it will 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 active account with the Utility Company when the H-HEAP funds are posted, or I will not be eligible for H-HEAP.
8. The Agency or Community Action Program and DHS shall not be responsible for the delivery or non-receipt of mail.
9. Any or all unused funds may be returned to DHS.
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 H-HEAP run out of funds.

The Hawaiian Electric Companies and DHS reached an agreement which will automatically qualify H-HEAP 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 EC eligible households, the provision will begin in January.

For ECI 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 H-HEAP 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

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