

## Low-Income Home Energy Assistance Program (LIHEAP) Low-Income Home Water Assistance Program (LIHWAP)

**Low-Income Home Energy Assistance Program (LIHEAP)** provides heating and/or cooling assistance to needy Hawai'i households by assisting with a one-time payment toward their electric or gas bill. Households may only receive one type of LIHEAP payment per program year which runs from October 1 – September 30.

- **Energy Credit (EC)** assists needy households who are not in crisis but need assistance with bill payment for the heating and cooling of their residence. *Applications for EC are only accepted June 1-30.*
- **Energy Crisis Intervention (ECI)** assists needy households in crisis, the electric or gas service has been or will be disconnected, and the household has been notified via a disconnection notice from the utility company. *Applications for ECI are accepted year-round, but the number of approvals each month are limited and fill quickly.*

**Low-Income Home Water Assistance Program (LIHWAP)** provides water and wastewater assistance to needy Hawai'i households by assisting with a one-time payment toward their water or wastewater bill.

- **Water Crisis Intervention (WCI)** assists households in crisis. The water or wastewater service has been or will be disconnected, and the household has been notified via a disconnection notice from the utility company. *Applications for WCI are accepted year-round, but the number of approvals each month are limited and fill quickly.*

**TO APPLY:** Submit your completed application and supporting documents to the Community Action Agency that serves your island. See the back of this page for a checklist of required documents.

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DOING SO MAY CAUSE DELAYS IN PROCESSING YOUR APPLICATION.**

<p style="text-align: center;"><b>O`AHU:</b></p> <p style="text-align: center;"><b>HONOLULU COMMUNITY ACTION PROGRAM (HCAP)</b></p> <p><b><u>Central District Office</u></b>      <b><u>Kalihi-Pālama District Office</u></b> Ph: (808) 488-6834      Ph: (808) 847-0804</p> <p><b><u>Lē`ahi District Office</u></b>      <b><u>Leeward District Office</u></b> Ph: (808) 732-7755      Ph: (808) 696-4261</p> <p><b><u>Windward District Office</u></b> Ph: (808) 239-5754</p> <p style="text-align: center;"><b>Website: <a href="http://hcapweb.org">http://hcapweb.org</a></b></p>	<p style="text-align: center;"><b>MAUI:</b></p> <p style="text-align: center;"><b>MAUI ECONOMIC OPPORTUNITY (MEO)</b></p> <p><b><u>MEO Maui Office</u></b>      <b><u>Hana Office</u></b> 99 Mahalani St.      Hana Library Wailuku, HI 96793      Wednesdays 8-12 by Ph: (808) 249-2970      appointment only Ph: (808) 248-8282</p> <p><b><u>Moloka`i Office</u></b>      <b><u>Lāna`i Office</u></b> 380 Kolapa Pl      1144 `Ilima Ave. #102 PO Box 677      PO BOX 630068 Kaunakakai, HI 96748      Lāna`i City, HI 96763 Ph: (808) 553-3216      Ph: (808) 565-6665</p> <p style="text-align: center;"><b>Website: <a href="http://meoinc.org">http://meoinc.org</a></b></p>
<p style="text-align: center;"><b>KAUA`I:</b></p> <p style="text-align: center;"><b>KAUA`I ECONOMIC OPPORTUNITY (KEO)</b></p> <p><b><u>KEO Inc.</u></b> 2804 Wehe Rd. Līhu`e, HI 96766 Ph: (808) 245-4077</p>	<p style="text-align: center;"><b>HAWAI`I:</b></p> <p style="text-align: center;"><b>HAWAI`I COUNTY ECONOMIC OPPORTUNITY COUNCIL (HCEOC)</b></p> <p><b><u>Hilo Community Services Office:</u></b> 47 Rainbow Dr. Hilo, HI 96720 Ph: (808) 731-7009 option 1</p> <p style="text-align: center;"><b>Website: <a href="http://hceoc.net">http://hceoc.net</a></b></p>

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For LIHEAP and LIHWAP, a household is defined as any/all individuals living together at the residential service address for which the utility company bill or termination notice is submitted, regardless of relationship to each other.

<input type="checkbox"/>	Signature	All adults over 18 in the household must sign the application,
<input type="checkbox"/>	Identification (ID)	All adults over 18 in the household must provide a picture ID. (Driver's license, state ID, military ID, etc.)
<input type="checkbox"/>	Citizenship	Citizenship documents for all household members. (Birth certificate, passport, Permanent Resident Alien card, etc.)
<input type="checkbox"/>	Social Security Number (SSN)	Proof of SSN for all household members over 1 year old. (SSN card, documents with full SSN, etc.)
<input type="checkbox"/>	Residence	Rental or lease agreement, Rent Subsidy letter; or if owned, mortgage or property tax assessment.
<input type="checkbox"/>	Utility Bill	Current utility bill must be the entire bill showing usage at current resident address. If applying for gas assistance, also submit your most recent electric bill. If applying for ECI or WCI, also submit your Notice of Disconnection.
<input type="checkbox"/>	Income	Most recent income for all sources of the household's earned and unearned income from January 1 <sup>st</sup> to present. (Paystubs, Social Security, child support, unemployment, self-employment, etc.)
<input type="checkbox"/>	L-3 Consent to Release (Enclosed)	Complete and sign the top portion. If your utility account is in another person's name (including your spouse or other household member), they must sign the form and provide a copy of their ID.
<input type="checkbox"/>	L-4 Declaration of Active Utility Account (Enclosed)	Select which program and utility company you would like to apply for, and sign.

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## Low-Income Home Energy Assistance Program (LIHEAP) Low-Income Home Water Assistance Program (LIHWAP)

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2023

FOR OFFICIAL USE ONLY:		
LIHEAP	<input type="checkbox"/> Crisis	<input type="checkbox"/> Credit
LIHWAP	<input type="checkbox"/> Crisis	
Worker:	Office: _____	

### APPLICATION FOR LIHEAP/LIHWAP

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		
<b>8. Household Size</b> For LIHEAP and LIHWAP purposes, the term "household" means any individual or group of individuals who are living together as one unit for whom residential energy, water, and/or wastewater services are customarily purchased in common, or who make payments for those services in the form of rent. <b>How many people are in your household? _____ Complete Attachment 1 Household Members (page 3)</b>			
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: _____			
12. Do you have an Air Conditioner (AC)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Centralized <input type="checkbox"/> Window/Split system How many? _____ If yes, do you use AC daily? <input type="checkbox"/> No <input type="checkbox"/> Yes How many hours per day? _____			
13. Do you have a Photovoltaic (PV) system? <input type="checkbox"/> No <input type="checkbox"/> Yes			
14. Were you provided information on energy savings? <input type="checkbox"/> No <input type="checkbox"/> Yes			
15. Would you like information on energy savings? <input type="checkbox"/> No <input type="checkbox"/> Yes			
16. Have you learned how to save on energy costs? <input type="checkbox"/> No <input type="checkbox"/> Yes			
17. Were you referred to a non-energy service such as a food pantry, job search, or housing? <input type="checkbox"/> No <input type="checkbox"/> Yes			

#### SECTION B: INCOME INFORMATION

18. 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
LIHEAP or LIHWAP			
Supplemental Assistance Nutrition Program (SNAP)			
Supplemental Security Income (SSI)			
Temporary Assistance for Needy Families (TANF)			
19. Does anyone in your household receive income? <b>Complete Attachment 2 Household Income (page 4)</b>			



**SECTION C: ENERGY SERVICE INFORMATION (for LIHEAP)**

20. What is your current household energy assistance need? (Check only one):

- 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: \_\_\_\_\_
- My household energy service is on, but we need help paying future bills

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: WATER SERVICE INFORMATION (for LIHWAP)**

21. What is your current household water/wastewater assistance need? (Check only one):

- My household drinking water/wastewater has been shut off due to a past due bill. Disconnection date: \_\_\_\_\_
- My household drinking water/wastewater services are scheduled to be shut off. Disconnection date: \_\_\_\_\_
- My household drinking water/wastewater services are on, but we need help paying future bills

I would like assistance with my bill for (Check only one):  Water  Wastewater

WATER Company Name: \_\_\_\_\_

WASTEWATER Company Name: \_\_\_\_\_

Subscriber's name: \_\_\_\_\_

Subscriber's name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**SECTION E: DWELLING INFORMATION**

**Rental Subsidies:**

22. 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: \_\_\_\_\_

23. Rent you pay \$\_\_\_\_\_ + Housing Assistance payment \$\_\_\_\_\_ = \$\_\_\_\_\_ (total rent)

24. If you are in subsidized/public housing, do you receive a utility allowance check?  No  Yes How much? \$\_\_\_\_\_

**Private Dwelling:**

25. What is your current living situation?

- 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 #: \_\_\_\_\_

26. Does rent include water/wastewater service?  No  Yes

27. Are you charged for a portion of the water bill?  No  Yes If yes, what is your share? \_\_\_\_\_

28. Are you behind on your rent?  No  Yes If yes, how much? \_\_\_\_\_



## ATTACHMENT 1: HOUSEHOLD MEMBERS

Complete the following for every person in your household. For LIHEAP and LIHWAP purposes, the term “household” means any individual or group of individuals who are living together as one unit for whom residential energy, water, and/or wastewater 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											
<b>*Ethnicity Codes</b>					<b>**Race Codes</b>						
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				
<b>NON-CITIZEN INFORMATION</b>											
Complete this section if you are <b>not</b> 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.

**Earned Income:** List all employed household members. Include employment from January to present day, even if the person is no longer working there. 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 from January to present. 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)
Welfare/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 Ka			
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, water/wastewater supply; and energy, water/wastewater supplier/utility company; (b) share information with my energy and/or water/wastewater supplier and receive information from my energy and/or water supplier to allow DHS to obtain a record of my annual energy and/or water/wastewater 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 LIHEAP/LIHWAP 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 open active account with the Utility Company when the LIHEAP/LIHWAP funds are posted, or I will not be eligible for LIHEAP/LIHWAP.
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 LIHEAP/LIHWAP run out of funds.

The Hawaiian Electric Companies and DHS 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 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 LIHEAP/LIHWAP 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



**LIHEAP UTILITY INFORMATION RELEASE FORM**  
(APPLICANT)

I, \_\_\_\_\_ hereby, authorize (drop down list of utility companies) to release  
(Applicant Name)  
information on my utility account; past, current, and future, to the Department of Human Services of the State of Hawaii  
and the (drop down list of Community Action Agencies).

I understand that this information will be used only to provide information for the administration of the  
Low-Income Home Energy Assistance Program (LIHEAP).

**OPTIONAL:** I am interested in receiving information about other services or programs that may provide  
additional opportunities for utility bill reduction (including, but not limited to, reduced rates, bill credits,  
usage conservation, free energy savings equipment, and government benefit programs) and hereby consent  
for the following entities to send me communications or information about other such opportunities.

**Check all that apply:**

- CAA list       Electric list       Hawaii Energy       Hawaii Gas

**Complete and sign:**

Applicant's Name: \_\_\_\_\_ Account#: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_ is responsible for my utility account with  
(Applicant name)

(drop down utility). I understand they are 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 with (drop down utility)  
must be completed.

I authorize the (drop down utility) to release information on my account; past, current, and future to the  
Department of Human Services of the State of Hawaii and the (drop down CAA).

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 the Community Action Agency that serves your island:

- Hawai'i Island** HCEOC: (808) 731-7009 option 1      **Kaua'i** KEO: (808) 245-4077  
**Maui County** MEO: (808) 249-2970    Hana: (808) 243-4342    Moloka'i: (808) 553-3216    Lāna'i: (808)565-6665  
**O'ahu** HCAP: Central (808)488-6834    Kalihi-Pālana (808) 847-0804    Lē'ahi (808) 732-7755    Leeward (808) 696-4261  
Windward District Office (808) 239-5754



## DECLARATION OF ACTIVE UTILITY ACCOUNT

LIHEAP offers two programs Energy Crisis Intervention (ECI) and Energy Credit (EC).

**ECI** 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.

***Applications for ECI are accepted year-round, but the number of approvals each month are limited and fill quickly.***

**EC** 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. It is important the household continue to pay their bills until notification that credit has been received by the utility company. ***Applications for EC are only accepted June 1-30.***

**Households may only receive one type of LIHEAP payment per program year which runs from October 1 – September 30.**

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 EC if I do not have an active residential service account open for my household on the day the utility company applies the EC to my account. The active account must be with the utility company on the island where my request was filed. Should the account close after the credit has been applied to my utility account, any unused funds may be returned to the State.

\_\_\_\_\_  
Signature

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

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

\_\_\_\_\_  
Date



**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  
the \_\_\_\_\_.  
(Name of Community Action Agency)

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 \_\_\_\_\_.  
(Name of Community Action Agency)
- 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 the Community Action Agency that serves your island:

**Hawai'i Island** HCEOC: (808) 731-7009 option 1      **Kaua'i** KEO: (808) 245-4077  
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Windward District Office (808) 239-5754



## DECLARATION OF ACTIVE UTILITY ACCOUNT

The Low-Income Home Water Assistance Program is part of a new federally-funded American Rescue Plan program that provides assistance to help households to pay water and wastewater bills:

- **Reconnect Household Water Services** – If your household water services have been disconnected because of past due water bills, grant funds may be available up to \$1,000 to pay off the balance, including fees to reconnect household water services.
- **Prevent Disconnection of Household Water Services** – If you have received a notice that your water services will be disconnected due to a past due balance and you can't afford to pay, grant funds may be available to pay up to \$1,000 of your water bill.

**The Water Crisis Intervention (WCI)** 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 WCI benefit amount, the household is responsible for the balance of the bill.

***Applications for WCI are accepted year-round, but the number of approvals each month are limited and fill quickly.***

**Households may only receive WCI assistance once per program year which runs from  
October 1 – September 30.**

I have been informed of the requirements above and I choose to apply for WCI with \_\_\_\_\_  
(Utility Company)

I understand I shall not be eligible for WCI if I do not have an active residential service account for my household on the day the utility company applies the WCI to my account. The account must be with the utility company where my request was filed. Should the account close after the credit has been applied to my utility account, any unused funds may be returned to the State.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Worker

\_\_\_\_\_  
Date