

## 2026 H-HEAP APPLICATION INSTRUCTIONS

The Hawaii Home Energy Assistance Program (H-HEAP) provides heating and cooling to needy Hawaii households by assisting with one-time payments toward their utility bill (electric or gas) in two ways:

- **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.
- **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. **This program has a limited application period, from June 1 – June 30.**

### Household Annual Income Limits

HH size	All Programs Income Limit
1	\$41,941
2	\$54,846
3	\$67,751
4	\$80,656
5	\$93,560
6	\$106,454
7	\$108,855
8	\$111,305
9	\$113,724

### Applications must be submitted to: Kauai Economic Opportunity (KEO)

H-HEAP application & copies of the documents listed below must be submitted to KEO in person or by mail to 2804 Wehe Road, Lihue, HI 96766. You may be contacted by phone for an interview. Call (808) 245-4077 ext. 242 for more information or inquire by e-mail at [liheap@keoinc.org](mailto:liheap@keoinc.org).

*\* 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.*

### Be sure to submit the following

1. **2026 H-HEAP Application** - Completed
2. **SIGNATURE & ID** – Signature and ID of the primary applicant and account holder.
3. **CITIZENSHIP** – Citizenship documents for all non-citizen household members, US citizens may be required to provide verification of citizenship, if questionable. (Birth certificate, passport, Permanent Resident Alien Card, etc.)
4. **SOCIAL SECURITY NUMBER (SSN)** – Proof of SSN for all household members over 1 year old. (Social Security Card, documents with full SSN, etc.)
5. **PROOF OF RESIDENCE** – Rental or Lease agreement, Rent Subsidy letter, other utility (such as phone, internet or cable); or if owned, mortgage or property tax assessment.
6. **UTILITY BILL** – Current utility bill must be the entire bill showing usage at current residential address. If applying for gas assistance, also submit your most recent electric bill. If applying for ECI (gas), also submit your Notice of Disconnection.
7. **INCOME** – All sources of the household's earned and unearned income received in the month prior to application. (Paystubs, Social Security, Child Support, Unemployment, Self-employment, etc.)
8. **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.



FOR OFFICIAL USE ONLY:	
H-HEAP	<input type="checkbox"/> Crisis <input type="checkbox"/> Credit
Worker: JASON HONJIYO	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		
<b>8. Household Size</b> 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. <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: _____			

### 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:			
<b>Program</b>	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
Supplemental Assistance Nutrition Program (SNAP)			
Supplemental Security Income (SSI)			
Temporary Assistance for Needy Families (TANF)			
13. Does anyone in your household receive income? <b>Complete Attachment 2 Household Income (page 4)</b>			



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

1	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				
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
<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 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 Waiver 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



**H-HEAP UTILITY INFORMATION RELEASE  
FORM (APPLICANT)**

I, \_\_\_\_\_ hereby, authorize Kauai Island Utility Cooperative 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 Kauai Economic Opportunity (KEO).

I understand that this information will be used only to provide information for the administration of the Hawai'i Home Energy Assistance Program (H-HEAP).

**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:

KEO

Kauai Island Utility Cooperative

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 Kauai Island Utility  
(applicant name)

Cooperative and/or Hawaii Gas. I understand they are applying of assistance with the Hawai'i Home Energy Assistance Program (H-HEAP). I also understand that as an applicant for H-HEAP, verification of my utility account with Kauai Island Utility Cooperative and/or Hawaii Gas must be completed.

I authorize the Kauai Island Utility Cooperative and/or Hawaii Gas to release information on my account; past, current, and future to the Department of Human Services of the State of Hawaii and Kauai Economic Opportunity.

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:  
KEO: (808) 245-4077