

WEATHERIZATION COMES TO MAKAHA VALLEY PLANTATION



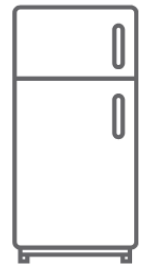
Honolulu Community Action Program, Inc.

WEATHERIZATION ASSISTANCE PROGRAM

Make your home more energy efficient
and reduce your energy costs with **FREE Weatherization Services:**



Energy Conservation Education
Solar Water Heating
Refrigerator Replacement
LED Light Bulbs
Low-Flow Shower Heads & Aerators
Smart Power Strips



The Weatherization Assistance Program is provided by Honolulu Community Action Program, Inc.
in partnership with the U.S. Department of Energy and State of Hawai'i Office of Community Services



Required Application Documents:

Qualifying O'ahu residents must present **ALL** of the following documents to apply:

- Applicant ID
- Copy of current electric bill (including graph & chart)
- Previous Year Tax Return (1040 if applicable)
- Authorized Agent Documentations (Homeowners)
 - Title/Deed
 - Trust documentation
- Proof of income for all income recipients in the household
 - Last two consecutive pay stubs
 - Copy of unemployment determination letter and last two unemployment stubs
 - Copy of welfare determination letter for TANF
 - Copy of Social Security, SSI, SSDI determination letter

**This program is made available to MVP Owners and Renters.
Applications may be obtained at the front office or going to our website at
www.makahavalleyplantation.org**



Centralized In-Take Application Form

Case # _____

Applicant: _____ **Date of Birth:** _____
(PRINT FIRST NAME) (LAST NAME) (MI)

Soc. Sec. Number: _____ **Email Address:** _____

Residential Address:
Street _____ **Apt.** _____
(Print Number And Name)

City _____ **Zip Code** _____

Mailing Address:
Street _____ **Apt.** _____

City _____ **Zip Code** _____

Neighborhood: _____ **Referred by:** _____

Home Telephone: _____ **Work/Alternate Telephone:** _____ **Cell Phone:** _____

Household Type: *(Check one only)*

- Single Person
- Single Parent/ Female
- Multigenerational Household
- Non-related Adults with Children
- Two Adults – No Children
- Single Parent/ Male
- Two-Parent Household
- Other

Number of Members in the Household: _____

Housing Information: *(Check one only)*

- Own
- Rent
- Other permanent housing
- Homeless
- Other

Subsidized or Public Housing:
 Yes No if Yes, what type? _____

Utilities included in rent: Yes No

Was any Weatherization service received in the past:
 Yes No If yes, when? _____

Rented by: Single Family Multi Family

Rent/Mortgage: \$ _____

Transportation: *(Check all that apply)*

- Own Car
- Borrowed Car
- Handi-Van/Cab
- Ride Bus
- Walk
- Other

Applicant Certification and Statement of Understanding

(Applicants must sign this section)

I certify that the information provided herein, and in any other related documents and/or representations, are true and correct to the best of my knowledge, and I understand that access to any and all HCAP premises, programs and/or services through misrepresentation or fraud may be punishable under HCAP policies, procedures, or practices including, but not limited to, refusal of services, at the sole discretion of HCAP. I further understand that a false statement under these forms or other communications can also expose me to civil and/or criminal liability that may include financial obligations or criminal penalties. I understand that this information will be used only to determine if I may gain entry onto any and all HCAP premises, and/or to determine if I and my family are eligible for any and all HCAP services, and will not be released to non-HCAP sources without my prior knowledge and written consent.

Signature of Applicant

Date

Signature of HCAP Staff

Date

HOUSEHOLD MEMBERS				INCOME AND COMPOSITION										
Name	Relationship To applicant	Date of Birth	Social Security Number	Age	Gender	Disabled	COFA	Native Hawaiian	Hispanic	Veteran	Active Military	In School	Working	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Education Level: Ages 14 and older <i>Check one only</i> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12/Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 years College Graduate <input type="checkbox"/> Graduate of other Post- Secondary School			Health Insurance: Check all that apply <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State/Quest for Children <input type="checkbox"/> State/Quest for Adults <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Military Health Care <input type="checkbox"/> Employment Based <input type="checkbox"/> No Health Care			Race: Check one only <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-Race (two or more races) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other			Working Status: Individuals 18+ <i>Check one only</i> <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Short-Term, 6 months or less) <input type="checkbox"/> Unemployed (Long-Term, more than 6 months) <input type="checkbox"/> Unemployed (Not In Labor Force)					
Other Income Source: Check all that apply <input type="checkbox"/> No Income <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> TANF <input type="checkbox"/> EITC (Do Not Collect Document)						<input type="checkbox"/> Retirement income form Soc. Security <input type="checkbox"/> Social Security Disability <input type="checkbox"/> VA Service Disability <input type="checkbox"/> VA Non-Service Disability <input type="checkbox"/> Private Disability <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Alimony or other spousal support <input type="checkbox"/> Other: _____			Non Cash Benefits: Check all that apply <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> Public Housing <input type="checkbox"/> Housing Choice Voucher (Section 8) <input type="checkbox"/> Permanent Supportive Housing (Housing First) <input type="checkbox"/> HUD-VASH (VA Homeless Programs) <input type="checkbox"/> Childcare Voucher (Childcare Subsidies or free childcare programs) <input type="checkbox"/> Affordable Care Act Subsidy (Obama Care) <input type="checkbox"/> Other _____					
Total Monthly Income: \$ _____														

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Total Monthly Income: \$ _____														



SELF-CERTIFICATION OF INCOME ELIGIBILITY/DOCUMENTATION

Applicant/Client Name _____

- I certify that I have **no income** at this time.

- I certify that I have provided all income documentation and 3rd party verification available at this time, and that the information presented in this certification is true and correct. This certification is being made with the full knowledge and understanding that this statement and all applicable documents deemed necessary to substantiate my eligibility is subject to full disclosure and verification by HCAP. I further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in termination from programs/services.

Explanation (Required):

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of application from programs/services.

Print Name of Applicant	Signature of Applicant	Date
Print Name of HCAP Staff	Signature of HCAP Staff	Date



Family Assessment

Print Name: _____

Development Domain	1 In Crisis	2 Vulnerable	3 Stable	4 Safe	5 Thriving
Housing/ Food	<input type="checkbox"/> Homeless lives in car, beach, park or in shelter <input type="checkbox"/> Received eviction/ foreclosure or utilities cut off notice <input type="checkbox"/> No food and at risk for malnutrition	<input type="checkbox"/> Lives with family or friends <input type="checkbox"/> Unable to pay rent/ mortgage or utilities <input type="checkbox"/> Temporary housing <input type="checkbox"/> Food inadequate for nutritional needs	<input type="checkbox"/> Affordable housing with subsidy <input type="checkbox"/> Able to pay rent/ mortgage or utilities <input type="checkbox"/> Relies on community food banks, food pantries for basic nutrition needs	<input type="checkbox"/> Affordable housing with out subsidy <input type="checkbox"/> Able to pay rent/ mortgage or utilities on time <input type="checkbox"/> Daily well-balanced meals with assistance	<input type="checkbox"/> Safe, affordable housing of choice with out subsidy <input type="checkbox"/> Able to maintain rent/ mortgage or utilities <input type="checkbox"/> Well-balanced meals without assistance
Education/Skills	<input type="checkbox"/> High school dropout <input type="checkbox"/> Language barriers <input type="checkbox"/> Lack of basic employment skills	<input type="checkbox"/> Working to obtain high school diploma/ GED <input type="checkbox"/> Some language barriers <input type="checkbox"/> Little marketable employment skills	<input type="checkbox"/> Have high school diploma or equivalency <input type="checkbox"/> Some marketable employment skills	<input type="checkbox"/> Actively pursuing post-secondary education or training <input type="checkbox"/> Average marketable employment skills	<input type="checkbox"/> Has a degree <input type="checkbox"/> Marketable employment skills
Income/Assets	<input type="checkbox"/> Unemployed, no income <input type="checkbox"/> No saving/assets <input type="checkbox"/> Unable to obtain credit <input type="checkbox"/> Unpaid bills overwhelming debts	<input type="checkbox"/> Receives subsidies welfare benefits, SSI, food stamps, unemployment, child support, money from friends or relatives, etc. <input type="checkbox"/> Temporary employment <input type="checkbox"/> Spontaneous: inappropriate spending/ no savings	<input type="checkbox"/> Receives social security, pension, VA benefits, small business income, etc. <input type="checkbox"/> Employed part-time or underemployed with subsidies <input type="checkbox"/> Some savings	<input type="checkbox"/> Full-time employment with subsidies <input type="checkbox"/> Employed and receives social security, VA or pension benefits, etc. <input type="checkbox"/> Sticks to a budget, saves when possible	<input type="checkbox"/> Permanent/full time employment w/benefits <input type="checkbox"/> Saves 10% of income <input type="checkbox"/> Pays bills on time, able to establish good credit
Barriers	<input type="checkbox"/> No childcare <input type="checkbox"/> No transportation <input type="checkbox"/> No health care <input type="checkbox"/> No appropriate employment attire or work tools <input type="checkbox"/> No birth certificate <input type="checkbox"/> No ID <input type="checkbox"/> No social security card	<input type="checkbox"/> Unaffordable/unreliable childcare <input type="checkbox"/> Transportation unreliable <input type="checkbox"/> Unaffordable health care <input type="checkbox"/> Inadequate employment attire or work tools	<input type="checkbox"/> Limited childcare <input type="checkbox"/> Limited transportation <input type="checkbox"/> Can get medical care when needed <input type="checkbox"/> Some employment attire and work tools	<input type="checkbox"/> Limited childcare with subsidy <input type="checkbox"/> Access to transportation <input type="checkbox"/> Health care w/subsidy <input type="checkbox"/> Adequate employment attire or work tools	<input type="checkbox"/> Affordable childcare of choice without subsidy <input type="checkbox"/> Reliable transportation <input type="checkbox"/> Health care of choice without subsidy <input type="checkbox"/> Employment attire or work tools of choice

Client Signature: _____

Date: _____



Honolulu Community Action Program, Inc.

Providing Opportunities and Inspiration since 1965

Media Release Consent Form

I, the undersigned, do hereby authorize Honolulu Community Action Program, Inc. (HCAP) and/or parties other than HCAP (i.e. newspapers, news programming, public broadcasting, etc.) to use any quotes, photographs, digital images, movies, audio/video recordings, biographical information, or academic work in all forms of media, including social media, for the purposes of evaluation, instruction, education, and promotion of HCAP's non-profit services.

I understand there will be no compensation for my time or expenses relating to the terms of this consent.

This consent applies to me and all members in my household.

I understand that my consent can be withdrawn at any time by sending written notification to HCAP's Director of Planning, Program Development & Communications at 1132 Bishop Street, Suite 100, Honolulu, HI 96813

Print Name of Participant

Print Name of Parent/Guardian (if participant is under 18 years of age)

Signature of Participant or Parent/ Guardian

Date

Windward District Service Center

Name of Center/ Program

2024 INCOME CRITERIA FOR HCAP PROGRAMS

FAMILY SIZE	HEAD START (100%)*			CSBG / ECS / WAP (200%)*		
	ANNUAL	MONTHLY	BI-WEEKLY	ANNUAL	MONTHLY	BI-WEEKLY
1	\$17,310	\$1,443	\$666	\$34,620	\$2,885	\$1,332
2	\$23,500	\$1,958	\$904	\$47,000	\$3,917	\$1,808
3	\$29,690	\$2,474	\$1,142	\$59,380	\$4,948	\$2,284
4	\$35,880	\$2,990	\$1,380	\$71,760	\$5,980	\$2,760
5	\$42,070	\$3,506	\$1,618	\$84,140	\$7,012	\$3,236
6	\$48,260	\$4,022	\$1,856	\$96,520	\$8,043	\$3,712
7	\$54,450	\$4,538	\$2,094	\$108,900	\$9,075	\$4,188
8	\$60,640	\$5,053	\$2,332	\$121,280	\$10,107	\$4,665
9	\$66,830	\$5,569	\$2,570	\$133,660	\$11,138	\$5,141
10	\$73,020	\$6,085	\$2,808	\$146,040	\$12,170	\$5,617
11	\$79,210	\$6,601	\$3,047	\$158,420	\$13,202	\$6,093
12	\$85,400	\$7,117	\$3,285	\$170,800	\$14,233	\$6,569
13	\$91,590	\$7,633	\$3,523	\$183,180	\$15,265	\$7,045
14	\$97,780	\$8,148	\$3,761	\$195,560	\$16,297	\$7,522
15	\$103,970	\$8,664	\$3,999	\$207,940	\$17,328	\$7,998
Additional family member add:	\$6,190			\$12,380		

*Source: <https://aspe.hhs.gov/poverty-guidelines>

NOTE: The above figures are GROSS amounts

- To calculate MONTHLY total, divide the annual total by 12
- To calculate BI-WEEKLY total, divide annual total by 26

Updated as of:

January 22, 2024