



Applicant Name:		Co-Applicant Name:	
Mailing Address:		Mailing Address:	
City:		City:	
State:	Zip:	State:	Zip:
Residence Address:		Residence Address:	
City:		City:	
State:	Zip:	State:	Zip:
Phone:		Phone:	
Social Security Number:		Social Security Number:	
Birth Date: / /		Birth Date: / /	
Employer:		Employer:	
Employer Phone:		Employer Phone:	
Annual Income: \$	Attach IRS 1040	Annual Income: \$	Attach IRS 1040
Other Income: \$	See below	Other Income: \$	See below

List all family members' income from Welfare, Social Security, SSI, Pension, Disability, Unemployment, VA Benefits, Alimony, Child Support, Separate Maintenance or other sources. Sign here if NONE of the household members receive income from other sources.

I certify that NO household members receive income from other sources: Signature

Program Eligibility Information

Total Annual Household Income \$	Total Household Occupants:
Hawaiian Electric Account Number:	Tax Map Key: Attach tax notice
List All Names on Residence Title:	

I (We) give the above information for the purpose of obtaining credit and authorize the obtaining of information concerning any statements made herein. I (We) agree that this Application may be executed and delivered via facsimile or electronic mail ("email") in electronic formats such as Adobe PDF. My (Our) signature(s) on this Application whether transmitted by facsimile or email shall be considered an "original" signature which is binding and effective on me (us) for all purposes.

X Signature of Applicant Date X Signature of Co-Applicant Date

Return the completed application with a copy of your latest IRS 1040 and Real Property Tax Assessment Notice to: Hawaiian Electric P.O. Box 398, Kahului, HI 96733-6898 | Fax: 808-872-3235 | Email: msri@hawaiianelectric.com