



HCEOC

HAWAII COUNTY ECONOMIC OPPORTUNITY COUNCIL

Applicant Name:
Applicant Address:

Congratulations! You have been **APPROVED** for the Weatherization Assistance Program. This letter acknowledges the receipt of the following energy-efficient items awarded to the applicant listed above by the Hawaii County Economic Opportunity Council Weatherization Assistance Program.

I understand that my eligibility for these weatherization assistance services is conditioned on my attendance and/or participation at a consumer education forum and home energy survey visits, as well as my participation in possible energy consumption monitoring as may be prescribed by the Federal Department of Energy and/or the State of Hawaii's Office of Community Services. As such, the Hawaii County Economic Opportunity Council or the Office of Community Services may monitor the dwelling unit randomly to determine that work was accomplished in accordance with the program objectives and that program funds were properly expended.

| Energy Efficient Replacements | Quantity | Initial | Weatherization Assistance Program Policy and Procedures | Initial |
|-------------------------------|----------|---------|---|---------|
| Refrigerator | | | Protection Plans or Extended Warranties may be purchased directly through the vendor within 30 days from purchase date. Please contact the vendor directly. | |
| Solar Water Heating System | | | HCEOC will not be responsible for servicing energy-efficient replacements. | |
| Shower Head | | | HCEOC will not be responsible for any damages. | |
| Aerators | | | HCEOC will monitor utility usage for six months to ensure energy savings. | |
| Advanced Power Strip | | | HCEOC will revisit the residence if there is no evidence of energy savings. | |
| Light Bulbs | | | HCEOC will be notified by the client within ten business days if the applicant vacates the above address. | |
| | | | Refunds or Exchanges of products received are strictly prohibited. | |

By signing below, agreement and understanding are made to the above.

 Applicant Signature

 Date

 OCS WAP Program

 Program Year

 HCEOC Caseworker

 Date

 HCEOC Caseworker

 Date

 HCEOC H&E Manager/
 Director Signature

 Date

 HCEOC Deputy/
 Executive Director Signature

 Date