



Initials _____
Date Received _____
Time Received _____

APPLICATION FOR THE HAWAII CESSPOOL COMPLIANCE PILOT GRANT PROGRAM

A. Applicant: Name of Property Owner or Department of Hawaiian Home Lands Lessee (Last, First, Middle Initial)

Social Security Number (SSN): _____

Tax Map Key Number: _____ Island _____

Property Address: (Number and street, including apartment number or rural route, city, state and postal/zip code):

Mailing Address if different from above:

Email Address: _____ Telephone Number: _____

B. If Applicant is not the Owner/Lessee:

Name of Individual authorized to represent the Owner/Lessee (Last, First):

Mailing Address: _____

Relationship to Applicant: _____

Email Address: _____ Telephone Number: _____

C. I certify that: (1) the information that I have provided in this application is correct to the best of my knowledge; and (2) (please mark one box) I am I am authorized to represent – the Owner or Lessee.

Print Name

Signature

Date



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D. Please attach the following documents to your application:

1. A copy of the most recently filed federal tax return(s) for all adult occupants of the dwelling served by the cesspool.

We **ARE NOT** accepting any electronic submissions.

Mail all completed applications to:

State of Hawaii
 Wastewater Branch
 2827 Waimano Home Road, Ste 207
 Pearl City, Hawaii 96782

Note: Postmark date and time provided by mail carrier service will be used to determine receipt of application.

Applications may also be hand-delivered to the following addresses, Monday-Friday between 7:45am – 4:30pm, excluding Holidays:

Oahu Office

Wastewater Branch – Oahu
 2827 Waimano Home Road, Ste 207
 Pearl City, Hawaii 96782
 Phone : (808) 586-4294

Hilo Office

Wastewater Branch-Hilo
 1582 Kamehameha Avenue
 Hilo, Hawaii 96720
 Phone : (808) 933-0401

Kona Office

Wastewater Branch-Kona
 Keakealani Building
 79-1020 Haukapila Street, Room 115
 Kailua-Kona, Hawaii 96750
 Phone: (808) 322-1963

Kauai Office

Wastewater Branch-Kauai
 3040 Umi Street
 Lihue, Hawaii 96766
 Phone: (808) 241-3321

Maui Office

Wastewater Branch-Maui
 54 High Street, Room 300
 Wailuku, Hawaii 96793
 Phone: (808) 984-8232

FOR DEPARTMENT USE ONLY:					
Application No.	Date/Time Received:			Reviewed By:	
Applicant is a property owner (check property records):					
Yes	No	Date of verification:			
Is DHHL Lessor (verify with DHHL):					
Yes	No	Date of verification:			
Most recent federal tax returns submitted:					
Yes	No	Meets AMI requirement: Yes No			
Qualifies for Grant:					
Yes	No				
Date Grant Qualification Letter Sent:					
Date Rejection Letter or Requesting for Information Letter(s) Sent:					