DEPARTMENT OF ENVIRONMENTAL SERVICES
KA ʻOIHANA LAWELAWE KAIĀPUNI
CITY AND COUNTY OF HONOLULU

2026 Customer Assistance for Residential Environmental Services (CARES)
Residential Sewer Utility Credit Application

PART I: Applicant Information			
Account Holder Name		Sewer Acct No.	
Sewer Service Address		City/State/Zip	
Mailing Address		City/State/Zip	
Email Address		Telephone No.	

For verification of Sewer Service Account Number, you must attach a copy of your most recent monthly combined Water & Sewer Bill from the Honolulu Board of Water Supply

PART II: Credit Qualifications	YES	NO
Do you receive sewer service and a residential sewer bill from the City & County of Honolulu, via the Honolulu Board of Water Supply?		
Is your 2025 total annual adjusted gross income below 80% of Median Income?*		
Is this the only dwelling that you are claiming for this credit?		
Is this dwelling unit your principal residence?		
We are (I am) current in our sewer utility payments, including any sewer payment plans.		

*2025 INCOME LIMITS – 80% of MEDIAN INCOME								
Family Size	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Annual Income	$85,120	$97,280	$109,440	$121,600	$131,360	$141,120	$150,800	$160,560

IMPORTANT: ***You must answer "YES" on all the above questions to be eligible for the sewer credit program. You are <u>not eligible</u> for the credit, if you have answered "NO" on any of the above questions.***

PART III: Total Adjusted Gross Income for the 2025 INCOME TAX YEAR	
Enter your TOTAL ADJUSTED GROSS INCOME from your 2025 Federal Tax Return	
Enter your TOTAL ADJUSTED GROSS INCOME from your 2025 Hawaii State Tax Return	
Enter the size of your household (as reflected on your 2025 Tax Return(s). Count: yourself, spouse, dependents):	

For proof of income and household size, you must submit copies of pages 1 & 2 of your 2025 Federal Tax Return & pages 1 through 4 of your 2025 State Tax Return, as filed. If you were not required to file a return, you must contact the Department of Environmental Services.

PART IV: Other Information	YES	NO
Are you a renter?		
How did you hear about this program?		
TELEVISION/RADIO ☐ SOCIAL MEDIA ☐ FAMILY/FRIEND ☐ WEBSITE ☐		

PART V: Declaration	
I hereby declare that I am a qualified residential sewer customer of the City & County of Honolulu and the information above is true and correct. I authorize the City & County of Honolulu to verify my income or other information on this application with the State and/or Federal taxing authorities.	
Applicant Signature	**Date**

MAIL this application, Federal & State tax returns and Sewer Bill copy, postmarked no later than October 31, 2026, to:

Department of Environmental Services
PO BOX 60690
Ewa Beach, HI 96706

Questions? Contact the Customer Service Section at: (808) 768-3330, Monday-Friday 7:45a to 4:30p