



# CREDIT APPLICATION

Please return completed form to:  
 Maui Electric Company, Ltd.  
 P.O. Box 398, Kahului, HI 96733-6898

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 No.	Social Security No.
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 \_\_\_\_\_ X

### Program Eligibility Information

Total Annual Household Income \$ \_\_\_\_\_ Total Household Occupants \_\_\_\_\_  
 MECO Account No. \_\_\_\_\_ Tax Map Key \_\_\_\_\_ Attach tax notice  
 List All Names on Residence Title \_\_\_\_\_  
 \_\_\_\_\_

**Return the completed application with a copy of your latest IRS 1040 and Real Property Tax Assessment Notice**

I (We) give the above information for the purpose of obtaining credit and authorize the obtaining of information concerning any statements made herein.

\_\_\_\_\_  
 Signature of Applicant                                      X                                      Date                                      Signature of Co-Applicant                                      X                                      Date