



KBIC ELDER/DISABILITY PENSION TRUST AND HEATING ASSISTANCE APPLICATION FY2017

CAP OFFICE, 16429 Beartown Road, Baraga, MI 49908

Phone: (906) 353-6623 x4162, Fax: (906) 353-4141

Please complete the following questions and sign this application: Enrollment Card required to apply for assistance (address must be current and updated with KBIC Enrollment Office).

1. Please check the box that applies: Baraga County Marquette Trust Properties
2. Which program are you applying for: Elder Pension-Must be 62 years of age and older
 Disability Pension- Must be receiving Social Security Disability or other long term disability benefits and have a gross earned income not to exceed \$1000.00 per month to qualify. (For disability pension applicants, please attach most recent verification of benefits, such as SSI or SS document and/or income verification).
3. The Pension Trust is free of tax liability and this payment option is offered only once each fiscal year.
Please check one: Monthly Quarterly Semi Annual Annual Decline
4. Elder/Disability Heating assistance pays for one primary heating source, from the month of November through May. **Qualified applicants must live in Baraga County, Ontonagon County or Marquette Trust Properties.** Please note: Qualified applicants must be legally responsible for their residence and utility bills. Applicants who migrate to another location outside of the service area, will not be eligible for heating assistance. Please complete the section that applies.

A. I RENT/OWN MY RESIDENCE AND I AM RESPONSIBLE FOR HEATING EXPENSES (Please attach a heating bill).
LIST VENDOR BELOW:

Primary Heating Vender:	Account number:
-------------------------	-----------------

B. I RENT AND MY UTILITIES ARE INCLUDED. If your utilities are included in your rent, you are eligible for up to \$100 per month, payable to the landlord. (Please provide a lease or landlord statement to verify the rental amount, heating expense is included in rent, landlords name, company name, and business address).

I hereby certify that all of the information in this application is true, correct, and complete to the best of my knowledge. I understand that failure to provide all necessary information and documentation can result in the denial of my application.

Applicant's Signature **Print Name** **Date**

Social Security # **Age** **Date of Birth**

Physical Address

Mailing Address

Phone/Cell # **Tribal ID#**

TO: KBIC TRIBAL ELDERS AND DISABILITY HEATING RECIPIENTS

RE: THIRD PARTY NOTIFICATION PLAN

This Third Party Notification Plan means that, your utility company (SEMCO Energy, etc.) will send a copy of your bill directly to the CAP Office to be processed and pay your primary heating source. This eliminates turning in utility bills by hand or by mail and it also eliminates late charges on accounts.

Please complete and sign this document in the highlighted sections:

Customer Name (please print) _____

Customer Telephone Number _____

Service Address, City and State

Vendor/Utility Company _____

Account # _____

I want to take advantage of the Third Party Notification Plan so my utility bill will be mailed to me and to the following consenting agency starting November 2016 through May 2017. I designate the Keweenaw Bay Indian Community Assistance Program (CAP), 16429 Beartown Road, Baraga, Michigan, 49908 to have third party billing mailed to them to process the heating bills. (CAP # (906) 353-4162)

Customer's Signature _____ **Date** _____

Consenting Agency KBIC Community Assistance Program (CAP) _____



**Keweenaw Bay Indian Community
DIRECT DEPOSIT AUTHORIZATION FORM**

VOLUNTARY OPTION FOR DIRECT DEPOSIT OF YOUR CHECK

To arrange for direct deposit, you must:

- Complete the applicant portion of this form.
- Attach a voided personal check and/or personalized deposit slip to this form to verify your account number and bank routing number.
- Return the completed form to the Accounts Payable office.
- Please be advised, you must notify the Accounts Payable office immediately if you close or change your bank account.

TO BE COMPLETED BY APPLICANT

Please indicate whether this is a <u>new enrollment</u> <input type="checkbox"/> , a <u>change</u> <input type="checkbox"/> , or to <u>cancel</u> <input type="checkbox"/> by checking the box after the appropriate event.	
I hereby authorize Keweenaw Bay Indian Community to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository name(s) below to credit and/or debit the same as such.	
Print your name as it appears on your account:	
Name of bank:	
Address of bank:	
Bank routing number #	
Account Type: Checking# _____ Amount _____	Account Type: Savings# _____ Amount _____
Employee signature:	Date:

Please attach a void check and/or a savings deposit ticket