COMMUNITY SERVICE BLOCK GRANT (CSGB) APPLICATION FY2016

CAP Office, 16429 Beartown Road, Baraga, MI 49908, Phone :(906) 353-4162, Fax: (906) 353-4141

Enrollment card must be presented with application. Are there any changes to your household (*address, size…*)?
[____] **NO** [_____] **YES,** if yes, a new household application must be completed with this request.

HEAD OF HOUSEHOLD	ADDRESS	COUNTY	PHONE	REQUEST DATE
PROGRAM GOALS: The CSGB program offers limited financial assistance and support services to eligible Tribal members in order to promote individual and family stability.				TRIBAL ID#
REQUEST/CRISIS STATEMENT FOR NATURE OF THE IMMEDIATE/URGENT EMERGENCY.				

PRIORITY 1 .IMMEDIATE/URGENT EMERGENCY CRISIS ASSISTANCE *(Income based - 125% of poverty level)*

$_____ Amount Requested – Please check which type of request below:

[_____]Homelessness (attach rental/deposit estimates/letter of denial from DHS)

[_____]Evictions (attach eviction notice/notice to quit, letter of denial from DHS)

[_____]Disconnect Utility (attach utility shut off/disconnect bill, itemized bill and amount due, letter of denial)

[_____]Other Requests _____

_____

PRIORITY 2. JOB RETENTION AND EDUCATION *(Income based - 125% of poverty level)*

[_____]Self Sufficiency/Employability Services

[_____] Job Retention

[_____] Education services to achieve employment _____

Please submit ALL information that applies to your household's income for a completed application.

1. **Does your household have members over the age of 18 who receive earned and unearned income?**
   No [ ] Yes [ ], *If yes please attach income verification for the last 30 days.*
2. **Does your household include adults with zero income or who are self employed/business owners?**
   No [ ] Yes [ ] *If yes, please fill out the zero income affidavit or Self-Employment Affidavit attached.*
3. **Does your household receive child support? Yes [ ] No [ ]**

Does your household receive Cash Assistance from State of Michigan-DHS? No [ ] Yes [ ] *If you answered "YES" you will first need to apply with DHS for assistance. You must then submit to our office the denial with this application.*

Under penalties of perjury, I swear or affirm that this application has been examined by or read to me. I authorize the release of information to any agency for the evaluation of the CAP application. I certify that all of the information in this application is true, accurate, and complete to the best of my knowledge. I understand that giving false or incomplete information may result in a denial of my application.

_____

Head of Household Signature *Date*

_____

Adult Household Signature *Date*

_____

Adult Household Signature *Date*

Head of Household: _____ **Household Size:** _____

CSBG 125% FY2015 FEDERAL POVERTY INCOME GUIDELINES

Household Size	Annual Gross Income
1	$14,712.50
2	$19,912.50
3	$25,112.50
4	$30,312.50
5	$35,512.50
6	$40,712.50
7	$45,912.50
8	$51,112.50

For each additional household member add: $4,160.00

INCOME INFORMATION

EARNED AND UNEARNED INCOME: Starting with applicant, list all household members who received Earned and/or Unearned Income.

Name (Last/First)	Source	Annual Income	GROSS Past 30 Days	Total Annual
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		***TOTAL* Annual Income** (Last Column)		***$***

Income Source Codes:

1. SS (Social Security)
2. Wages
3. SSI/SSDA/SSA/Social Security
4. GA
5. ADC/TANF/CASH
6. Pension/Retirement
7. Self-Employment
8. Unemployment
9. Child Support
10. Other _____

[ ] APPROVED

Vendor/Company/Recipient: _____ Amount: $_____

Justification: _____

Account #: _____

Vendor/Company/Recipient: _____ Amount: $_____

Justification: _____

Account #: _____

[ ] DENIED

Reason: _____

_____

_____

_____ _____

Approved by: CAP Administrator *Date*

If you disagree with this decision, you have a right to an appeal. Hearing process sheets can be obtained in the CAP office.