



C.A.P. HOUSEHOLD APPLICATION FY2016

16429 Beartown Road, Baraga, MI 49908, Phone: (906) 353-6623 x4162, Fax: (906) 353-4141

Head of Household _____

Social Security # _____ Tribal ID# _____

Physical Address _____

(Address must be current and updated with enrollment to apply for assistance)

Mailing Address _____

City _____ State _____ Zip _____ County _____

E-Mail Address _____ Phone/Cell # _____

List of Household Members

LAST NAME	FIRST NAME	RELATION TO HEAD OF HOUSEHOLD	SOCIAL SECURITY #	DATE OF BIRTH	AGE	TRIBAL ID

Household Applicant Declaration

I agree to report changes in my household composition as they occur and I agree to report an address change and update with enrollment as required, to be eligible for CAP assistance.

I hereby certify that the above information of the household composition is correct and completed to the best of my knowledge and may be used for the purpose of verification when determining eligibility.

Head of Household _____ Date _____



DISABILITY PENSION/HEATING ASSISTANCE APPLICATION FY2016

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Please complete the following questions and sign this application:

1. Elder applicants must reside in Baraga County or the Marquette Trust Property and be a KBIC Member to be verified by the KBIC Enrollment Office **AND** be receiving Social Security Disability or other long term disability on a monthly basis and have a gross income not to exceed \$1000.00 per month (Please attach income verification). Please check which location you reside in below:

Baraga County

Marquette Trust Property

2. Disability applicants can elect how often they would like to receive the pension or they can decline the pension. Please check appropriate box below:

Monthly

Quarterly

Semi Annual

Annual

Decline

3. Heating Assistance applicants must apply for LIHEAP for elder households who are income eligible. Please check the box below that applies.

Household Size 1 - \$23,085

Household Size 3 - \$37,292

Household Size 5 - \$51,498

Household Size 2 - \$30,189

Household Size 4 - \$44,395

Household Size 6 - \$58,601

Are you LIHEAP income eligible? **NO** or **YES**, if yes please complete the LIHEAP Application.

4. Heating assistance only pays for actual heat usage from the month of November through May, for each fiscal year. The assistance pays for one heating source, for an applicants' primary residence only (one single family dwelling), who lives year round in the residence. Applicants who migrate to another location outside of the service area will not be eligible for heating assistance. Qualified Applicants must be legally responsible for their residence and utility bills. Please check the box that applies.

A. **I RENT/OWN MY RESIDENCE AND I AM RESPONSIBLE FOR HEATING EXPENSES. LIST VENDOR BELOW:**

Primary Heating Vender:	Account number:
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B. **I RENT AND MY UTILITIES ARE INCLUDED.** If your utilities are included in your rent, Elders are eligible for up to \$100 made payable to the landlord. Please provide copy of the lease/landlord statement indicating his/her name and company name and address along with the monthly rental amount stating that the heat is included in the rent.

I hereby certify that all of the information in this application are true, correct, and complete to the best of my knowledge. I understand that failure to provide all necessary information and documentation can result in denial of my application. I also acknowledge that I will only submit bills for payment that are allowable under the program.

Applicant's Signature

Date