



KBIC ELDER/DISABILITY
ONTONAGON HEATING ASSISTANCE APPLICATION FY2025

CAP OFFICE, 16429 Bear Town Road, Baraga, MI 49908
Phone: (906) 353-4162, Fax: (906) 353-4141

PLEASE ATTACH A COPY OF YOUR KBIC ENROLLMENT CARD

1. Which program are you applying for:

Elder Heating Assistance- Must be 62 years of age and older

Disability Heating Assistance- Must be receiving Social Security Disability or other long term disability benefits to qualify. (Must attach verification of benefits, such as most recent SSI SS, Veteran or other long term disability benefits.)

2. Elder/Disability Heating assistance pays for one primary heating source, from the month of November through May. **Qualified applicants must live in Ontonagon County 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 provide copy of heating bill).**

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, 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 (If different than physical)

Phone # Enrollment #