



KBIC ELDER/DISABILITY PENSION TRUST AND HEATING ASSISTANCE APPLICATION FY2025

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

SECTION I: KBIC SENIOR/DISABLED PENSION TRUST RENEWAL NEW CHANGE

1. Please attach your Enrollment Card that is current and up to date with the KBIC Enrollment Office.
2. Please check the box that applies: I live in Baraga County I live on Marquette Trust Properties
3. 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. (Must attach most recent verification of benefits, such as SSI, SS, Veteran or other long term disability benefits.)
4. 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
I am interested in direct deposit:

Section II. ELDER/DISABILITY HEATING ASSISTANCE pays for one primary heating source, from the month of November through May. 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 LIST VENDOR NAME ALONG WITH YOUR ACCOUNT NUMBER BELOW **YOU MUST ATTACH A HEATING BILL WITH THIS FORM**

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 as being included in rent, the landlords name, company name, and business address).

I hereby designate the Keweenaw Bay Indian Community Assistance Programs (CAP) Office at 16429 Bear Town Road, Baraga, Michigan, 49908 to have third party billing mailed to them to process the heating bills.

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/Service Address _____

Mailing Address _____

Phone/Cell # _____ Tribal ID# _____