

**KEWEENAW BAY INDIAN COMMUNITY ASSISTANCE PROGRAMS (CAP)  
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
PHONE: (906) 353-4162**



**DIRECT ASSISTANCE PROGRAM (DAP) INFORMATION**

*We will begin processing applications November 1<sup>st</sup> until funds run out*

**IMPORTANT – READ CAREFULLY.**

- This program is not an emergency program. If your services are in shut off status, you should apply for help through an emergency program.
- All applicants are required to keep paying their bill and are disqualified from the program if services are disconnected.
- We have 55 days to process your application. The goal is to process as quickly as possible.
- Once the application has been approved, an approval letter will be mailed to you and the payment will be credited on your utility company's account. **Applicants will only receive their approvals in writing, please do not call the office to ask for verbal approvals.**
- It can take up to four weeks from the date you were approved for the utility company to receive payment.

**PURPOSE:** LIHEAP provides assistance to eligible low-income households in meeting their home energy costs. Assistance depends on the availability of funds and is based on a first come first served basis.

**VULNERABLE POPULATIONS:** Priority will be given to vulnerable populations: Elderly, Disabled, and households with children 6 years and under.

**ELIGIBILITY REQUIREMENTS:**

- The applicant must be a member of a Federally Recognized Tribe.
  - Applicant must reside in the Keweenaw Bay Indian Community Service areas in Michigan: Baraga, Houghton, Dickinson, Gogebic, Iron, Keweenaw, Marquette, and Ontonagon Counties.
  - Household must meet  
LIHEAP income guidelines:
- | SMI-FFY 2025 HHS PG: Household Size - Annual Gross Income Allowable |              |              |              |              |             |
|---|--------------|--------------|--------------|--------------|-------------|
| 1 – \$34,849  | 2 - \$45,572 | 3 - \$56,295 | 4 - \$67,019 | 5 - \$77,742 | 6- \$88,465 |
- Household must not have received LIHEAP assistance through the Department of Health and Human Services for fiscal year 2025 above the eligible amount.
  - Utility service MUST be turned on. Service that has been disconnected will not be eligible for LIHEAP. Applicants applying due to no propane or no wood will be considered as services that are disconnected.

**THE FOLLOWING DOCUMENTS ARE REQUIRED (INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED):**

- Completed LIHEAP application, signed by all household adults.
- Copy of enrollment card for Head of Household/Tribal Member (must have current address to qualify).
- Proof of all household members income for the past 30 days (i.e. check stubs, Social Security Award Letter, bank statements, etc.)
- Zero income affidavit/Self-employment affidavits.
- Most recent utility bill(s) from vendor(s) in head of household's name.

***PLEASE ENSURE YOU CONTINUE TO PAY YOUR UTILITY BILLS UNTIL THE PAYMENT IS REFLECTED ON YOUR ACCOUNT STATEMENT.***



## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) APPLICATION FY2025

KBIC CAP OFFICE, 16429 Bear Town Road, Baraga, MI, 49908, Phone: (906)353-4162, Fax: (906)353-4179

REQUIRED: ADDRESS MUST BE UP TO DATE WITH ENROLLMENT DEPARTMENT TO QUALIFY

HEAD OF HOUSEHOLD		PHONE #	REQUEST DATE
ADDRESS		COUNTY	TRIBAL ID#

Please check which program you are applying for:

- ☐ Direct Assistance Program (DAP) – Heating assistance subsidy paid directly to vendors for qualified applicants.
- ☐ Energy Crisis Intervention Program (ECIP) – Assistance for: 1. Energy or 2. Life-threatening situation.

LIST VENDOR BELOW (Choose one source or choose two to have the assistance divided and sent to both vendors):

Primary Heating Vendor	Account Number	Secondary/Non-Heat Electric Vendor	Account Number
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(Primary is the main fuel type for the residence primary heating system)

(Secondary is the source of energy used to operate the main heating source)

- ☐ I OWN/RENT MY RESIDENCE, I AM RESPONSIBLE FOR HEATING AND/OR ELECTRIC BILLS (Attach most recent bill).
- ☐ I RENT AND MY UTILITIES ARE INCLUDED IN MY RENT (Attach rental agreement/verification of heating included in rent).

### HOUSEHOLD INFORMATION:

List all people residing in household, including yourself. Check here and attach additional sheet if more than eight people are in your household ☐

	Last Name and Suffix	First Name	M. I.	Social Security #	Date of Birth	Gender	Disabled?	Race	Ethnicity	Military Status	Tribal ID #
								PLEASE USE CODES LISTED BELOW			
Applicant											
1											
2											
3											
4											
5											
6											
7											
8											
RACE CODES				ETHNICITY CODES				MILITARY STATUS CODES			
A – Asian; B – Black or African American; I – American Indian or Alaskan Native; P – Native Hawaiian or other Pacific Islander; W – White; M – Multi-race; O – Other				H – Hispanic, Latino, or Spanish origins; N – Not Hispanic, Latino, or Spanish origins				A – Active-Duty Military V – Veteran N – No affiliation			

**PLEASE REPORT ALL HOUSEHOLD INCOME BELOW:**

- It is required that you attach proof of all household members income for the past 30 days (i.e. paystubs, food stamp verification, workman's comp, unemployment, DHS Cash Assistance, GA, SS/SSI, etc.).
- Adult household members with zero income are required to attach the completed Zero Income Affidavit.

- |  |                                    |
|--|------------------------------------|
| 1. \$ _____ Wages                        | 9. \$ _____ Unemployment           |
| 2. \$ _____ SS (Social Security)         | 10. \$ _____ Alimony/Child Support |
| 3. \$ _____ SSI/SSDA/SSA                 | 11. \$ _____ Workers Compensation  |
| 4. \$ _____ DHS Cash Benefits (TANF)     | 12. \$ _____ Military Allotment    |
| 5. \$ _____ General Assistance           | 13. \$ _____ Per Capita Payments   |
| 6. \$ _____ Veterans Admin. Benefits     | 14. \$ _____ Other: _____          |
| 7. \$ _____ Pensions/Retirement Benefits | 15. \$ _____ Other: _____          |
| 8. \$ _____ Investment/Property Income   | 16. \$ _____ Other: _____          |

**A. Does your household include adults who are self-employed or who are business owners?**

No ☐ Yes ☐ If yes, complete the attached Self-Employment Affidavit.

**B. Does your household receive any of the following?**

- DHS Public Cash Assistance? (TANF) No ☐ Yes ☐ If yes, include verification of services.
- Supplemental Security Income (SSI)? No ☐ Yes ☐ If yes, please include verification of services.
- DHS Food Assistance? No ☐ Yes ☐ If yes, include verification of services.

**ALL HOUSEHOLD MEMBERS ARE REQUIRED TO SIGN 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 LIHEAP Application. I certify that all of the information in this application is true, accurate and complete to the vest of my knowledge. I understand giving false or incomplete information may result in a referral to the prosecutor for fraud, and/or recovery of any funds paid out on behalf of me, my household, or a minor in my care. 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.

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Head of Household Signature Date

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Adult Signature Date

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Adult Signature Date

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Adult Signature Date

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Adult Signature Date

## Zero Income Affidavit

Anyone over the age of 18 who does not have income must sign.

Applicant(s) Name: \_\_\_\_\_

**I hereby certify that any person in my household does not receive income from any of the following sources:**

- a. Wages from employment (including tips, commissions, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Social security payments, pensions, annuities, retirement funds, insurance policies, or death benefits;
- e. Unemployment or disability payments;
- f. Public assistance payments;
- g. Periodic allowances such as alimony, child support, per capita, or gifts received;
- h. Sales from self-employment;
- i. Any other source not named above.

**I certify that the information contained in this affidavit is true and accurate to the best of my knowledge.**

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

## Self-Employment Affidavit

**This affidavit is to be signed by any individual who is 18 years of age and over who claims on the application to be self-employed.**

I am self-employed in the business of: \_\_\_\_\_

I have been self-employed in this manner since: \_\_\_\_/\_\_\_\_/\_\_\_\_

To the best of my knowledge, I estimate to earn \_\_\_\_\_

**Estimated earnings are supported by:** Accountant's, bookkeeper's statement, business receipts/check stubs schedule C

and profit and loss statement other: \_\_\_\_\_

If none of the above is available, please state the reason why: \_\_\_\_\_

**I certify that the information contained in this affidavit is true and accurate to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_