

## **COMMUNITY SERVICE BLOCK GRANT (CSBG) APPLICATION FY2026**

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

Enrollment card must be presented with application. Are there any changes to your household (address, size...)? ] YES, if yes, a new household application must be completed with this request. HEAD OF HOUSEHOLD **ADDRESS** COUNTY **PHONE REQUEST DATE** 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 **HOUSEHOLD INFORMATION:** Attach extra pages if you need to include additional members. List everyone who lives in your home, including adults and children temporarily absent due to illness or employment. People are considered members of your household if they sleep and keep their belongings in your home. Last Name, First Name, Middle Relationship To You Social Security # Date of Birth Tribal ID # Self

## PLEASE SUBMIT ALL INFORMATION THAT APPLIES TO YOUR COMBINED HOUSEHOLD'S INCOME:

Α.	Does your h	household have members over the ag	e of 18 who receive	earned and/or unearned income?
<u>Ye</u>	s [ ] No	If yes, what is your total monthly ho	ousehold income \$	? Indicate the income
be	low with the	amount received in the past 30 days	(attach proof of inco	me):
1.	\$	_ Wages	9. <b>\$</b>	Unemployment
2.	\$	SS (Social Security)	10. <b>\$</b>	Alimony/Child Support
3.	\$	_ SSI/SSDA/SSA	11. <b>\$</b>	Workers Compensation
4.	\$	_ DHS Cash Benefits (TANF)	12. <b>\$</b>	Military Allotment
5.	\$	_ General Assistance	13. <b>\$</b>	Per Capita Payments
6.	\$	_ Veterans Admin. Benefits	14. <b>\$</b>	Other:
7.	\$	_ Pensions/Retirement Benefits	15. <b>\$</b>	Other:
8.	\$	_ Investment/Property Income	16. <b>\$</b>	Other:
D. Does your household receive DHS FOOD ASSISTANCE or COMMODITY FOODS?  No [ ] Yes [ ] If yes, include verification of services.  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.				
Нес	ad of Household	d Signature		Date
	-			
Adı	ult Household S	ignature		Date
Adı	ult Household S	ignature		Date
Adı	ult Household S	ignature		Date

## Income Zero Income Affidavit

Applicant(s) Name:	
I hereby certify that any person in my household does	not receive income from any of the following sources:
<ul><li>a. Wages from employment (including tips, comr</li><li>b. Income from operation of a business;</li></ul>	missions, bonuses, fees, etc.);
<ul> <li>c. Rental income from real or personal property;</li> <li>d. Social security payments, pensions, annuities,</li> <li>benefits;</li> </ul>	
e. Unemployment or disability payments; f. Public assistance payments;	
<ul><li>g. Periodic allowances such as alimony, child sup</li><li>h. Sales from self-employment;</li><li>i. Any other source not named above.</li></ul>	port, per capita, or gifts received;
I certify that the information contained in this affidavit	is true and accurate to the best of my knowledge.
Signature	Date
This affidavit is to be signed by any individual who is 18 to be self-employed.	3 years of age and over who claims on the application
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, bookke	eper'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 tru	ue and accurate to the best of my knowledge.
Signature	Date