CAP HOUSEHOLD APPLICATION FY2026

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

Head of Household _____

Social Security # _____ **Age** _____ **Date of Birth** _____**Tribal ID#** _____

Physical Address _____

Address must be current and updated with KBIC Enrollment Office.

Mailing Address_____

City _____ **State**_____ **Zip** _____**County** _____

Are you currently homeless? ☐ **YES** ☐ **NO** **Phone/Cell** _____

List of Household Members ***(Place a star * next to members who are attending college or in the service, etc.)***

LAST NAME	*FIRST NAME*	*RELATION TO HEAD OF HOUSEHOLD*	*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 authorize the release of information for myself or any other member in my household, in order to obtain information (including medical), specific to the Community Assistance Program application and related request.

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 Signature_____ **Date** _____