



CAP HOUSEHOLD APPLICATION FY2027

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 _____