

COMMUNITY SERVICE BLOCK GRANT (CSBG) APPLICATION FY2024 CAP Office, 16429 Bear Town Road, Baraga, MI 49908; Phone: (906) 353-4162, Fax: (906) 353-4179

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Enrollment card must be present	<mark>ed with application.</mark>	Are there any changes t	o your househol	<mark>d</mark> (addi	ress, size)?
[] NO [] YES, if yes, a r	iew household appl	ication must be complete	<mark>ed with this requ</mark>	<mark>iest.</mark>	
HEAD OF HOUSEHOLD	ADDRESS	COUN	ΓY PΗ	HONE	REQUEST DATE
					TRIBAL ID#
REQUEST/CRISIS ST	TATEMENT FOR NATU	JRE OF THE IMMEDIATE/U	RGENT EMERGEN	ICY.	
PRIORITY 1 .IMMEDIATE/URGEN	T EMERGENCY CRIS	IS ASSISTANCE (Income	hased - 125% of	ทดงค	tv level)
		vhich type of request bel		pover	ty ievery
[]Homelessness (attach rer					
			,		
[]Evictions (attach eviction	notice/notice to qu	it, letter of denial from D	HS)		
[]Disconnect Utility (attach	utility shut off/disc	onnect bill, itemized bill	and amount due	, lette	er of denial)
[]Other Requests					
PRIORITY 2. JOB RETENTION AND	EDUCATION (Incom	me based - 125% of pove	rty level)		
[]Self Sufficiency/Employab	ility Services				
	,				
[] Job Retention					
[] Education services to ach	ieve employment _				
		1			
HOUSEHOLD INFORMATION: Att	ach extra pages if yo	ou need to include additi	onal members. I	List ev	eryone
who lives in your home, including	adults and children	temporarily absent due	to illness or emp	ploym	ient. People
are considered members of your	household if they sl	eep and keep their belor	igings in your ho	me.	
Last Name, First Name, Middle	Relationship To You	Social Security #	Date of Birth	Age	Tribal ID #
, , , , , , , , , , , , , , , , , , , ,	Self	,			
			1		

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

	<u>s []</u>	ves, what is your total monthly household	income \$? Indicate the income source
20	low with	the amount received in the past 30 days	(attach proof of ir	ncome):
1. \$		Wages	9. \$	Unemployment
2.	\$	SS (Social Security)	10. \$	Alimony/Child Support
3.	<u>\$</u>	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.	<u>\$</u>	Pensions/Retirement Benefits	15. \$	Other:
8.	\$	Investment/Property Income	16. \$	Other:
		es [] If yes, please complete the attached		
D. No Ur au of	Does you hader penathorize the information	es [] If yes, include verification of service alties of perjury, I swear or affirm that the he release of information to any agency from the things and the service and the release of the service remation in this application is true, accurate	ANCE or COMMO es. is application has for the evaluation te, and complete	DITY FOODS? been examined by or read to me. I of the CAP application. I certify that all to the best of my knowledge. I
D. No Ur au of	Does you hader penathorize the information	es [] If yes, include verification of service alties of perjury, I swear or affirm that the he release of information to any agency to	ANCE or COMMO es. is application has for the evaluation te, and complete	DITY FOODS? been examined by or read to me. I of the CAP application. I certify that all to the best of my knowledge. I
D. No Ur au of un	Does you der pend thorize t the information	es [] If yes, include verification of service alties of perjury, I swear or affirm that the he release of information to any agency from the things and the service and the release of the service remation in this application is true, accurate	ANCE or COMMO es. is application has for the evaluation te, and complete	DITY FOODS? been examined by or read to me. I of the CAP application. I certify that all to the best of my knowledge. I
D. No Ur au of un	Does you der pend thorize t the information derstand	es [] If yes, include verification of services alties of perjury, I swear or affirm that the release of information to any agency from that application is true, accurate that giving false or incomplete information	ANCE or COMMO es. is application has for the evaluation te, and complete	DITY FOODS? been examined by or read to me. I of the CAP application. I certify that all to the best of my knowledge. I a denial of my application.

Date

Adult Household Signature

Income Zero Income Affidavit

Applicant(s) Name:			
hereby certify that any person in my household does not receive income from any of the following se	ources:		
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.			
certify that the information contained in this affidavit is true and accurate to the best of my knowled	lge.		
ignature Date			
his affidavit is to be signed by any individual who is 18 years of age and over who claims on the applio be self-employed.	ication		
am self-employed in the business of:			
have been self-employed in this manner since:/			
o the best of my knowledge, I estimate to earn			
stimated earnings are supported by: Accountant's, bookkeeper's statement, business receipts/check stubs sch	edule C		
nd profit and loss statement other:			
f none of the above is available, please state the reason why:			
certify that the information contained in this affidavit is true and accurate to the best of my knowledge.			
ignature Date			

Head of Household:	Household Size:
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CSBG 125% FY2024 FEDERAL POVERTY INCOME GUIDELINES

Household Size	Annual Gross Income
1	\$18,225
2	\$24,650
3	\$31,075
4	\$37,500
5	\$43,925
6	\$50,350
7	\$56,775
8	\$63,200

For each additional household member add: \$6,425.00

INCOME INFORMATION

EARNED AND UNEARNED INCOME: Starting with applicant, list all household members who received Earned and/or Unearned Income.

Name (Last/First)	Source	Annual Income	GROSS Past 30 Days Total Annual	
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
	•			

TOTAL Annual Income (Last Column)

Income Source Codes:

1.	SS	(Social	Security)
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- 33 (Social Security) 2. W
- 5. ADC/TANF/CASH
- 9. Child Support

- 2. Wages
- 6. Pension/Retirement10. Other
- SSI/SSDA/SSA/Social Security
 Self-Employment
- 4. GA
- f-Employment 8. Unemployment

Amount: \$
Amount: \$
Date appeal. Hearing process sheets can be obtained in the CAP office.