

# CHECKLIST FOR CSBG

(Community Service Block Grant)

\_\_\_\_\_ COPY OF TRIBAL IDENTIFICATION

\_\_\_\_\_ COPY OF PER CAPITA – See Shianne Uskith or Jackie Kang

\_\_\_\_\_ PROOF OF GROSS MONTHLY INCOME FOR EVERYONE IN THE HOUSEHOLD THAT IS 18 YEARS OR OLDER – Including Per Capita Payments.

## INCOME INCLUDES

- Payroll Stubs
- Per Capita Payments
- Unemployment Compensation Benefits (UCB)
- Supplemental Security Income (SSI)
- Workman's Compensation
- Alimony & Child Support
- Veteran's Administration Benefits (VA)
- Social Security Retirement Survivor's and Disability Insurance Benefits (RSDI)
- Earnings from Self-Employment Income
- Trade Readjustment Allowance (TRA)
- Sick Pay and Accident Insurance
- Pensions and Retirement Benefits
- Strike Pay
- Military Allotments
- Grants, loans and scholarships not used for educational expenses
- Investment Income and Income from annuities, bonds, stocks and trusts
- Income received from the sale of property on a land contract mortgage
- Cash Assistance and Food Stamps (DHS)

\_\_\_\_\_ CURRENT DOCUMENTATION OF EMERGENCY UTILITY SHUT OFF with ACCOUNT NUMBER.

\_\_\_\_\_ ZERO INCOME FORMS – FOR EVERYONE IN THE HOUSEHOLD THAT DOES NOT HAVE AN INCOME and IS 18 YEARS OR OLDER

**APPLICATIONS MUST BE COMPLETE with ALL REQUIRED INFORMATION and SIGNATURES BEFORE IT WILL BE ACCEPTED and PROCESSED**

**For questions: Please contact Social Services at 906-723-2511 or 906-723-2510**

FY 2023 APPLICATION

<b>Name:</b>		<b>Age:</b>	<b>Date:</b>
<b>Address:</b>		<b>Birthdate:</b> - -	<b>Social Security #:</b> - -
<b>City:</b>	<b>State: MI</b>	<b>Zip Code:</b>	<b>Phone #:</b>

HANNAHVILLE TRIBAL MEMBER \_\_\_\_\_ YES \_\_\_\_\_ NO ENROLLMENT #: \_\_\_\_\_

OTHER HOUSEHOLD MEMBERS:

Name	Age	Birthdate	Social Security #
1.			
2.			
3.			
4.			
5.			

Have you applied for assistance this year (October 1, 2021 – September 30, 2022):? Yes No

Emergency Situation:

Food Assistance       Housing Assistance       Energy Assistance  
 Prescription Assistance       Medical/Dental Transportation  
 Clothing Assistance/Employment       Clothing Assistance/Foster Children

YOU MUST PROVIDE VENDOR’S NAME AND ADDRESS. A CHECK WILL BE SENT DIRECTLY TO THE VENDOR.

Vendor’s Name \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

- I hereby certify that all information in this application is true, correct and complete to the best of my knowledge.



Reason for Decision \_\_\_\_\_

\_\_\_\_\_  
Worker Signature

\_\_\_\_\_  
Date

### “0” Income Form

To determine your eligibility for the Community Services Block Grant (CSGB) you must furnish proof of all household income for the thirty (30) days prior to the date of your application.

If you had “0” income for the past 30 days, you must answer the following:

1. What was your income for the past three (3) months?  
(Amount, Source of income for all household members 18 years of age and older?)

Name	Source	Amount

2. If you have utility bills, how do you pay for them?

\_\_\_\_\_  
\_\_\_\_\_

3. How do you pay your rent?

\_\_\_\_\_

4. How do you get food for your household?

\_\_\_\_\_

I hereby certify that the information detailed above represents my household’s circumstances. The income listed is the total household income for each household member 18 years of age and older.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Outreach Worker/Program Director

\_\_\_\_\_  
Date