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CHECKLIST FOR CSBG

(Community Service Block Grant)

	COPY OF TRIBAL IDENTIFICATION			
	COPY OF PER CAPITA – See Shianne Uskilith or Jackie Kang			
PROOF OF GROSS MONTHLY INCOME FOR <u>EVERYONE</u> IN THE HOUSEHOLD THAT IS 18 YEARS OR OLDER – Including Per Capita Payments.				
		INCOME INC	CLUDES	
	• Payroll Stubs • Per Capita F	Payments	•Unemployment Compensation Benefits (UCB)	
	Supplemental Security Income (SSI)Alimony & Child Support		•Workman's Compensation	
			•Veteran's Administration Benefits (VA)	
	•Social Security Retirement Survivor's and Disability Insurance Benefits (RSDI)			
	• Earnings from Self-Employment Inco	ome	•Trade Readjustment Allowance (TRA)	
	•Sick Pay and Accident Insurance		•Pensions and Retirement Benefits	
	•Strike Pay		•Military Allotments	
	• Gants, 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

Name: Address:			Age: Birthdate:		Date: Social Security #:	
City:	State: MI	Zip Code:		Phone #:		
HANNAHVILLE TRIBAL MEMBE	ERYES	N	0	ENROLL	ИENT #:	
OTHER HOUSEHOLD MEMBER	S:					
Nar	ne		Age	Birthdate	Social Security #	
1.						
2.						
3.						
4.						
5.						
Have you applied for assistanc	e this year (Octob	er 1, 2021 –	September 30, 2	2022):? Ye	es No	
Emergency Situation: Food Assistance	Housing Assi		Ener	gy Assistance		
Prescription Assistance		Medi	cal/Dental Trans	portation		
Clothing Assistance/Emp	•		ning Assistance/I			
YOU MUST PROVIDE VENDOR	'S NAME AND ADD	RESS. A CHE	CK WILL BE SEN	T DIRECTLY TO		
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.

- I understand that giving false or incomplete information can result in referral to the prosecuting attorney for fraud, and/or recovery of funds paid on my behalf.
- I understand that failure to provide all necessary information and documentation can result in denial of my application.
- I hereby authorize the release of information by the appropriate agencies to the Inter-Tribal Council of Michigan for the purpose of verifying information needed to establish eligibility for the program.
- I understand that I may request a hearing if I disagree with action taken on this application.
- I understand that I have a right to a hearing if I do not receive a decision notice within that time.
- I understand that there is no guaranteed payment towards my bill until my application has been approved and a decision notice sent to me.
- I understand I must pay the amount of the utility shutoff notice that is above the approved amount from the CSBG emergency assistance program and provide proof of payment to the program worker before Social Services will send the CSBG funds to the designed vendor. Reason: The CSBG payment will not prevent the shutoff if the FULL shutoff amount is not paid.

REFERRALS: Your household may be eligible to receive assistance through the following list of programs offered by your local DHS, Community Action Agency, and/or utility company. Contact them for more information on: Weatherization Emergency Needs Utility Shut-off Protection Home Heating Tax Credit Energy Audit I understand that a decision will be made concerning my application, and a decision notice will be issued within ten (10) working days upon receipt of application by the Program Manager. **Applicant Signature** CSGB Worker Signature Date Date (For office use only) INCOME: Documentation must be provided for all income.

Name	Income Source Code	Past 30 Days Income	X 12 = Annualized Income

INCOME SOURCE	E CODES: (Please Cir	rcle)	Total Income	2:
1. SS	2. Wages	3. SSI	4. Self-Employment	5. Unemployment
6. DHS	7. GA	8. Pension/Retirement	9. Other	
Approved	Denied	_ Income allowable for household	Actual Ir	ncome

Reason for Decision		CSBG 4		
Norker Signature		Date		
	"0" Income Form			
, •	r the Community Services Block for the thirty (30) days prior to t	· · · ·		
f you had "0" income for the p	past 30 days, you must answer th	ne following:		
	for the past three (3) months? for all household members 18 years o	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?	How do you pay your rent?			
4. How do you get food for you	How do you get food for your household?			
	nation detailed above represents red is the total household incom	-		
Client Signature		Date		

Date

Outreach Worker/Program Director