

**INTER-TRIBAL COUNCIL OF MICHIGAN, INC.
COMMUNITY SERVICES BLOCK GRANT – EMERGENCY NEEDS PROGRAM
FY 2012 APPLICATION**

Name:		Age:	Date:
Address:		Birthdate:	Social Security #:
City/Town:	State:	Zip Code:	Phone #:

TRIBAL MEMBER OF:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bay Mills Indian Community | <input type="checkbox"/> Lac Vieux Desert | <input type="checkbox"/> Grand Traverse Band |
| <input type="checkbox"/> Hannahville Indian Community | <input type="checkbox"/> Little Traverse Band | <input type="checkbox"/> Keweenaw Bay Indian Com. |
| <input type="checkbox"/> Huron Potawatomi Tribe | <input type="checkbox"/> Gun Lake Tribe | |

OTHER HOUSEHOLD MEMBERS:

	Name	Age	Birthdate	Social Security #
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Have you applied for assistance this year (October 1, 2011-September 30, 2012)? Yes No

(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 CODES: (Please Circle)

- | | | | | |
|--------|----------|-----------------------|--------------------|-----------------|
| 1. SS | 2. Wages | 3. SSI | 4. Self Employment | 5. Unemployment |
| 6. ADC | 7. GA | 8. Pension/Retirement | 9. Other _____ | |

Are any household members handicapped? _____ If yes, how many? _____

Do you own or rent your home? _____ If you rent, is heat included? _____

What types of fuel do you use to heat your home? Check all that apply.

1. Oil _____ 3. Natural Gas _____ 5. Electric _____ 7. Other _____

2. Wood _____ 4. Propane _____ 6. Coal _____

YOU MUST PUT ACCOUNT NUMBER AND VENDOR'S ADDRESS. A CHECK WILL BE SENT DIRECTLY TO THE VENDOR.

What vendor do you want as the Endorser? _____

Address: _____

Acct.#: _____

- 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 Mich. 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.**

APPLICANT'S SIGNATURE	DATE	WORKER SIGNATURE	DATE
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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 Program Manager.