

**COMMUNITY SERVICES BLOCK GRANT
EMERGENCY
NEEDS PROGRAM
FY 2017 APPLICATION**

Please include the following with this application:

- Tribal ID
- Social Security Cards for every household member
- 30 days proof of income for every member of the household who is over 18 (if a household member is over 18 and does not currently have income, that household member must fill out the attached zero income form)
- Documentation showing money owed (utility bill, eviction notice, medical appointment etc....)
- W-9 Form from vendor you wish to be paid (if applicable)

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

LITTLE TRAVERSE BAY BANDS ENROLLMENT#: _____

OTHER HOUSEHOLD MEMBERS:

Name	Age	Birth date	Social Security #
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Have you applied for assistance this year (October 1, 2015-September 30, 2016)? Yes No

TYPE OF ASSISTANCE NEEDED*:

- ___ Emergency Food Assistance (not to exceed \$150.00)
- ___ Emergency Housing Assistance (not to exceed \$400.00)
- ___ Emergency Energy Assistance (not to exceed \$300.00)
- ___ Clothing for Foster Care Children (not to exceed \$125.00)
- ___ Clothing to Obtain Employment (not to exceed \$80.00)
- ___ Emergency Prescription Assistance (not to exceed \$200.00)
- ___ Emergency Medical Transportation Fuel (not to exceed \$150.00)

***Each household can receive a maximum \$400.00 in emergency assistance if circumstances qualify and this can be a combination of the above items not to exceed \$400.00**

- 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 the denial of my application.
- I hereby authorize the release of information by the appropriate agencies to the Little Traverse Bay Bands of Odawa Indians 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 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

CSBG WORKER SIGNATURE DATE