



**KBIC ELDER/DISABILITY**  
**ONTONAGON HEATING ASSISTANCE**  
**APPLICATION FY2020**

CAP OFFICE, 16429 Beartown Road, Baraga, MI 49908  
 Phone: (906) 353-4162, Fax: (906) 353-4141

**Please complete the following questions and sign this application:**

**Enrollment Card required to apply for assistance (address must be current and updated with KBIC Enrollment Office).**

1. Which program are you applying for:  
 **Elder Heating Assistance-Must be 62 years of age and older)**  
 **Disability Heating Assistance- Must be receiving Social Security Disability or other long term disability benefits and have a gross earned income not to exceed \$1000.00 per month to qualify. (For disability pension applicants, please attach verification of benefits, such as most recent SSI or SS recipient documents; and/or income verification).**
2. Elder/Disability Heating assistance pays for one primary heating source, from the month of November through May. **Qualified applicants must live in Ontonagon County Properties.** Please note: Qualified applicants must be legally responsible for their residence and utility bills. Applicants, who migrate to another location outside of the service area, will not be eligible for heating assistance. Please complete the section that applies.

A.  **I RENT/OWN MY RESIDENCE AND I AM RESPONSIBLE FOR HEATING EXPENSES (Please provide a heating bill).**

**LIST VENDOR BELOW:**

<b>Primary Heating Vender:</b>	<b>Account number:</b>
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B.  **I RENT AND MY UTILITIES ARE INCLUDED.** If your utilities are included in your rent, you are eligible for up to \$100 per month, payable to the landlord. **(Please provide a lease or landlord statement to verify the rental amount, heating expense is included in rent, landlords name, company name, and business address).**

***I hereby certify that all of the information in this application is true, correct, and complete to the best of my knowledge. I understand that failure to provide all necessary information and documentation can result in the denial of my application.***

**Applicant's Signature** **Print Name** **Date**

**Social Security #** **Age** **Date of Birth**

**Physical Address**

**Mailing Address**

**Phone/Cell #** **Tribal ID#**

**TO: KBIC TRIBAL ELDERS AND DISABILITY HEATING RECIPIENTS**

**RE: THIRD PARTY NOTIFICATION PLAN**

This Third Party Notification Plan means that, your utility company (SEMCO Energy, etc.) will send a copy of your bill directly to the CAP Office to be processed and pay your primary heating source. This eliminates turning in utility bills by hand or by mail and it also eliminates late charges on accounts.

**Please complete and sign this document in the highlighted sections:**

**Customer Name** (please print) \_\_\_\_\_

**Customer Telephone Number** \_\_\_\_\_

**Service Address, City and State** \_\_\_\_\_

**Vendor/Utility Company** \_\_\_\_\_

**Account #** \_\_\_\_\_

**I want to take advantage of the Third Party Notification Plan so my utility bill will be mailed to me and to the following consenting agency. I designate the Keweenaw Bay Indian Community Assistance Program (CAP), 16429 Beartown Road, Baraga, Michigan, 49908 to have third party billing mailed to them to process the heating bills. CAP # (906) 353-4162**

**Customer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Consenting Agency KBIC Community Assistance Program (CAP) \_\_\_\_\_

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