



UTILITY ASSISTANCE APPLICATION FY2023

CAP Office, 16429 Bear Town Road, Baraga, MI 49908; Phone: (906) 353-4162, Fax: (906) 353-4179

Enrollment card must be presented with application. Are there any changes to your household (address, size...)?
 NO YES, if yes, a new household application must be completed with this request.

HEAD OF HOUSEHOLD	ADDRESS	COUNTY	PHONE	REQUEST DATE
				TRIBAL ID#
REQUEST/CRISIS STATEMENT FOR NATURE OF THE IMMEDIATE/URGENT EMERGENCY.				

HOUSEHOLD INFORMATION: Attach extra pages if you need to include additional members. List everyone who lives in your home, including adults and children temporarily absent due to illness or employment. People are considered members of your household if they sleep and keep their belongings in your home.

Last Name, First Name, Middle	Relationship To You	Social Security #	Date of Birth	Age	Tribal ID #
	Self				

PLEASE SUBMIT ALL INFORMATION THAT APPLIES TO YOUR COMBINED HOUSEHOLD'S INCOME:

Does your household have members over the age of 18 who receive earned and/or unearned income?

YES NO If yes, what is your **total monthly household income \$** _____ ? (attach proof of income)

Under penalties of perjury, I swear or affirm that this application has been examined by or read to me. I authorize the release of information to any agency for the evaluation of the CAP application. I certify that all of the information in this application is true, accurate, and complete to the best of my knowledge. I understand that giving false or incomplete information may result in a denial of my application.

Head of Household Signature

Date

For Office Use Only	
<input type="checkbox"/> APPROVED	I certify that I have reviewed the household income & the applicant meets the criteria for the Utility Assistance Program
<input type="checkbox"/> DENIED	Reason: _____
CAP Administrator	Date