

COMMUNITY SERVICE BLOCK GRANT (CSBG) APPLICATION FY2023 CAP Office, 16429 Bear Town Road, Baraga, MI 49908; Phone: (906) 353-4162, Fax: (906) 353-4179

Enrollment card must be presente	• • •		•		ess, size)?				
[] NO [] YES, if yes, a no	ew household appli ADDRESS	ication must be complete COUN		uest. HONE	REQUEST DATE				
HEAD OF HOUSEHOLD	ADDRESS	COON	it P	HOINE	REQUEST DATE				
					TRIBAL ID#				
REQUEST/CRISIS ST	ATEMENT FOR NATU	IRE OF THE IMMEDIATE/U	RGENT EMERGE	NCY.					
PRIORITY 1 .IMMEDIATE/URGENT \$ Amount Request				f pover	ty level)				
·									
[]Homelessness (attach rental/deposit estimates/letter of denial from DHS)									
[]Evictions (attach eviction notice/notice to quit, letter of denial from DHS)									
[]Disconnect Utility (attach utility shut off/disconnect bill, itemized bill and amount due, letter of denial)									
[]Other Requests									
PRIORITY 2. JOB RETENTION AND EDUCATION (Income based - 125% of poverty level)									
[]Self Sufficiency/Employability Services									
[] Job Retention									
[] For Retention [] Education services to achieve employment									
Ludcation services to acm	eve employment								
HOUSEHOLD INFORMATION: Atta	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 em	ploym	ent. 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:

	s[]/fv	res, what is your total monthly household	income \$? Indicate the income source	
		the amount received in the past 30 days (
1.	\$	Wages	9. \$	Unemployment	
2.	\$	SS (Social Security)	10. \$	Alimony/Child Support	
3.	\$	SSI/SSDA/SSA	11. \$	Workers Compensation	
4.	\$	DHS Cash Benefits (TANF)	12. \$	Military Allotment	
5.	\$	General Assistance	13. \$	Per Capita Payments	
6.	\$	Veterans Admin. Benefits	14. \$	Other:	
7.	\$	Pensions/Retirement Benefits	15. \$	Other:	
8.	\$	Investment/Property Income	16. \$	Other:	
<u>No</u>	o [] Y	our household receive DHS FOOD ASSISTA	ANCE OF COMMO	DITT FOODS!	
of	the info	es [] If yes, include verification of service alties of perjury, I swear or affirm that the he release of information to any agency formation in this application is true, accurate	is application has for the evaluation te, and complete	of the CAP application. I certify that all to the best of my knowledge. I	
of	the info	alties of perjury, I swear or affirm that the	is application has for the evaluation te, and complete	of the CAP application. I certify that all to the best of my knowledge. I	
<u>of</u> un	the info	alties of perjury, I swear or affirm that the he release of information to any agency from this application is true, accurate	is application has for the evaluation te, and complete	of the CAP application. I certify that all to the best of my knowledge. I	
of un	the info	elties of perjury, I swear or affirm that the he release of information to any agency from this application is true, accurated that giving false or incomplete informated.	is application has for the evaluation te, and complete	of the CAP application. I certify that all to the best of my knowledge. I a denial of my application.	

Date

Adult Household Signature

Income Zero Income Affidavit

Applicant(s) Name:	
I hereby certify that any person in my household does n	not receive income from any of the following sources:
a. Wages from employment (including tips, commb. Income from operation of a business;	nissions, bonuses, fees, etc.);
 c. Rental income from real or personal property; d. Social security payments, pensions, annuities, benefits; 	retirement funds, insurance policies, or death
e. Unemployment or disability payments;f. Public assistance payments;	
g. Periodic allowances such as alimony, child supple.h. Sales from self-employment;i. Any other source not named above.	port, per capita, or gifts received;
I certify that the information contained in this affidavit	is true and accurate to the best of my knowledge.
Signature	Date
This affidavit is to be signed by any individual who is 18 to be self-employed.	years of age and over who claims on the application
I am self-employed in the business of:	
I have been self-employed in this manner since:/	
To the best of my knowledge, I estimate to earn	
Estimated earnings are supported by: Accountant's, bookke	eper's statement, business receipts/check stubs schedule C
and profit and loss statement other:	
If none of the above is available, please state the reason why:	
I certify that the information contained in this affidavit is tru	e and accurate to the best of my knowledge.
Signature	Date