

Little Traverse Bay Bands of Odawa Indians  
Elders “Kikaajik” Department  
*Snowplow Application*  
7500 Odawa Circle, Harbor Springs, MI 49740  
Phone: 231-242-1423 Fax: 231-242-1430

**This page is to help remind you what is needed to complete an application for the Elders Department Snowplow Program. If you have any further questions, our office is open Monday thru Friday from 8am-5pm, we can be reached at 231-242-1423.**

**To qualify, you MUST:**

- ☺ Live in Emmet County
- ☺ Provide all documentation required (see list below)
- ☺ Complete an application (see reverse side of this sheet)
- ☺ Be *within* income limits.

**Required Documentation:**

1. We are going to need a copy of your **TRIBAL IDENTIFICATION**
2. We are going to need a copy of your *present* **INCOME**, *we understand that we may have received your income LAST year this is just to confirm that no changes have been made.*
3. We will need **a note from your PRIMARY PHYSICIAN**, showing that you are indeed in need of snow removal assistance.
4. **We require income verification for EVERYONE living in your HOUSEHOLD.** *If someone is not currently bringing in any income, we require a 0-income Verification Form.*

We will notify you once a decision has been made. If you are denied, we will mail a notice to you stating reason for denial.

Chi-Miigwech!

Kikaajik (Elders) Department

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Name \_\_\_\_\_ Enrollment No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

*I am in need of snow removal assistance because...* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Other Persons Living In Household & Income**

|    | Name | Source of Income | Annualized Income (Income x12) |
|----|------|------------------|--------------------------------|
| 1. |      |                  |                                |
| 2. |      |                  |                                |
| 3. |      |                  |                                |
| 4. |      |                  |                                |
| 5. |      |                  |                                |

- I certify that I live alone OR have a spouse/housemate with a verifiable health limitation that prevents us from removing snow from our home and I have included a statement from his/her doctor verifying this.
- 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 understand that I may request a hearing if I disagree with action taken on this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Elders Program Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY-Elders Department Checklist**

Completed Application  Supporting Documentation Income  Written Statement of Need