

**COMMUNITY SERVICES BLOCK GRANT
EMERGENCY
NEEDS PROGRAM
FY 2019 APPLICATION**

Documentation Needed With this Application:

- Tribal ID
- Social Security Cards for every household member
- Thirty days proof of income for every member of the household who is 18 and over (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, 2018-September 30, 2019)? 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

"0" Income Form

To determine your eligibility for the Community Services Block Grant (CSBG) you must furnish proof of all household income for the past 30 days prior to the date of your application.

If you had "0" income for the past 30 days, you must answer the following:

1. What was your income for the past three (3) months? (Amount, Source of income for all household members 18 years of age or older)

Name	Source	Amount

2. If you have utility bills, how do you pay them?

3. How do you pay your rent?

4. How do you get food for your household?

I hereby certify that the information detailed above represents my household's circumstances. The income listed is the total household income for each household member 18 years of age or older.

Signature

Date

Outreach Worker/Program Director

Date