INTER-TRIBAL COUNCIL OF MICHIGAN, INC.
CSBG '10 Program

Income Eligibility

The participating CSBG Tribe will make payments only with respect to households having gross annual incomes which do not exceed an amount equal to the 2009 poverty income guidelines. (See Table below). The gross income of all household members must be determined and counted to decide if eligible for this program.

During FY '2010 the household, which meet income guidelines and who apply will be eligible for benefits. The outreach postings will clearly indicate the program's intentions. Under this method, the most needy will be afforded the opportunity to be served first.

Table I
Inter-Tribal Council of Michigan, Inc.
CSBG Income Guidelines

Household Size	Income Guidelines
1	10,830
2	14,570
3	18,310
4	22,050
5	25,790
6	29,530
7	33,270
8	37,010
9	40,750
10	44,490

For family sizes greater than eight persons, add $3,740 for each additional member.

Treatment of Categorical

For those households in which one or more individuals are receiving: 1.) Department of Human Services (DHS); 2.) Supplemental Security Income (SSI); 3.) Food Stamps; 4.) Payments under sections of the United States Code or the Veteran's and Survivor's Pension Act, will receive payments only if the total household income does not exceed the income guidelines detailed above.

Households receiving Aid to Families with Dependent Children (AFDC) must have a written denial notice from their worker stating they cannot help them with their energy bills.

COMMUNITY BLOCK SERVICE GRANT

LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)

FY 2012 APPLICATION

Name:		Age:	Date:
Address:		Birthdate:	Social Security #:
City/Town:	State:	Zip Code:	Phone #:

TRIBAL MEMBER OF:

_____ Bay Mills Indian Community _____ Lac Vieux Desert _____ Saginaw Chippewa Tribe

_____ Hannahville Indian Community _____ Little Traverse Band _____ Huron Potawatomi Tribe

_____ Gun Lake Tribe

OTHER HOUSEHOLD MEMBERS:

Name	Age	Birthdate	Social Security #
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Have you applied for assistance this year (October 1, 2011-September 30, 2012)? Yes No

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(For office use only)

INCOME: ***Documentation must be provided for all income.***

Name	Income Source Code	Past 30 Days Income	X 12 = Annualized Income

INCOME SOURCE CODES: (Please Circle)

1. SS 2. Wages 3. SSI 4. Self Employment 5. Unemployment
6. DHS 7. GA 8. Pension/Retirement 9. Other _____

Are any household members handicapped?_____ If yes, how many? _____

Do you own or rent your home? _____ If you rent, is heat included? _____

What types of fuel do you use to heat your home? Check all that apply.

1. Oil _____ 3. Natural Gas _____ 5. Electric _____ 7. Other_____

2. Wood _____ 4. Propane _____ 6. Coal _____

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YOU MUST PUT ACCOUNT NUMBER AND VENDOR=S ADDRESS. A CHECK WILL BE SENT DIRECTLY TO THE VENDOR.

What vendor do you want as the Endorser? _____
Address:_____
Acct.#:_____

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$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 hereby authorize the release of information by the appropriate agencies to the Inter-Tribal Council of Mich. 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 I have a right to a hearing if I do not receive a decision notice within that time.
$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 LIEAP WORKER SIGNATURE DATE

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REFERRALS: Your household may be eligible to receive assistance through the following list of programs offered by your local DHS, Community Action Agency, and/or utility company.

Contact them for more information on:

-Weatherization - Emergency Needs - Utility Shut-off Protection
- Home Heating Tax Credit - Energy Audit

$I understand that a decision will be made concerning my application, and a decision notice will be issued within ten (10) working days upon receipt of application by Program Manager.