

**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 _____     |                 |

