Elder Chore Assistance
Program Application

Elder Applicant's Name: _____Date: _____

Address: _____

Bay Mills I.D. # _____

Social Security: ____/____/_____   Date of Birth: _____/_____/_____   Age:_____

Phone Number: _____ Email: _____

HOUSEHOLD INFORMATION

List all elders (age 55 years or older) living in the household on a permanent basis. Start with the oldest. If additional space needed, please use back of page.

Name	Date of Birth	Relationship to Applicant	Tribal Affiliation

INCOME INFORMATION

Earned Income: Start with the applicant and only any other elders in the household and have unearned income such as social security, retirement, disability, unemployment benefits, child support and alimony, royalties, per capita payments, interest etc. Provide check stubs, W-2 forms, etc., for verification.

Name	Annual Earned Income	Source of Income

Total annual earned income $ _____

Name	Annual Unearned Income	Source of Income

Total annual unearned income $ _____

TOTAL COMBINED ELDER HOUSEHOLD INCOME $ _____

Please provide a brief summary of why you're applying for the ECAP Program, what work you want done, and attach any supported documentation to the back.

By signing below, I hereby certify that all the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify Bay Mills Indian Community of changes to my household's eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds civil or criminal prosecution if Bay Mills Indian Community determines it is appropriate to do so.

_____

Applicant Signature

ELDER CHORE ASSISTANCE PROGRAM APPLICATION CHECKLIST

- o W-2 and Other Income Information
- o W9 of the Contractor
- o Documents or Statement Showing Assistance Needed
- o Tribal ID / State ID / Federal ID