

KBIC HOUSING
Emergency Assistance Application

The information in this application is being collected to identify eligible families or individuals to participate in the Housing Emergency Assistance Program. The applicant must provide the required information for consideration of the application. Incomplete information and/or false statements will subject this application to rejection for this program.

The following information is required:

- *Copy of Tribal Enrollment Card*
- *Copy of Deed, Title Verifying Home Ownership*
 - *Verification of Savings Account*
 - *Verification of any other assets*
- *Copy of 1040 Forms & Income Taxes*

*Complete sign and return application to
KBIC Housing, Attn: Natalie Mleko
220 Main St., Apt. 26
Baraga, MI. 49908
(906) 353-7117*

KBIC Housing
220 Main St., Apt.26
Baraga, MI. 49908
Phone (906) 353-7117
Fax (906) 353-7623
TDD (800) 649-3777

KBIC HOUSING
EMERGENCY ASSISTANCE PROGRAM

Name: _____

Street Address or P.O. Box #: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

Work Phone or Other # where you can be contacted: _____

1. Family Composition

A. Persons who live in your home

Family Member Number	Name(s) of Family Members	Relationship to You	Date of Birth	Sex (M or F)	Social Security Number
1.					
2.					
3.					
4.					
5.					
6.					
7.					

*Social Security number is required for all family members who are 6 years of age or older.

B. Are you an enrolled member of the Keweenaw Bay Indian Community? Yes
 No (**Provide copy of enrollment card**)

- C. Are you an enrolled member of any other Tribe? Yes No (**Provide copy of enrollment card**)

Name of Tribe: _____

- D. Is head of household or spouse recognized as **permanently disabled**? Yes No

If yes, provide name and description of condition, along with certified documentation from a doctor, Veterans Administration, Social Security Administration, or other agency: _____

2. Housing Information

- A. Have you or anyone in your household ever received Emergency Assistance from the KBIC Housing? Yes No If yes, indicate date and amount received: _____

- B. Do you own or lease this property? (**Provide a copy of deed, title, or lease**)

Home: leased/owned (circle one)

Land: leased/owned (circle one)

- C. Is this home your primary residence? Yes No

3. Family Income

A. Income from employment

Family Member Number	Employer Name(s) & Address	Rate Per Hour	Rate Per Week	Total Per Year
1.				
2.				
3.				

B. Other Income

Source	Rate Per Month	Total Per Year
TANF	\$	
Social Security	\$	
S.S.I.	\$	
Unemployment	\$	
Pensions	\$	
Leases	\$	
Own Business	\$	
Other*	\$	

*Other sources of income include alimony, relief, service allotments, assistance from relatives, payments for foster children, and any other regular source of income. Please do not list income that cannot be anticipated with certainty.

C. Total Family Income: _____

D. Assets:

- a) Does any member have a savings account? Yes No If yes, **provide verification.**
- b) Does any member receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from the rental of property? Yes No If yes, **provide verification.**
- c) Do you or any household member own real estate? Yes No If yes, **provide verification.**
- d) Have you or any member of your household sold or given away real estate property or other assets in the past two years? Yes No
- e) Do you own any other home or property? Yes No If yes, **provide a copy of the deed.**

E. Please attach copies of your most recent IRS 1040 forms and tax return statement with the adjusted gross income included for all applicable members of the family.

4. Present Emergency Assistance Needs:

5. Signature

Applicant Signature

Date

Signature & Date of Homeowner Service Department employee receiving application

**AUTHORIZATION
For Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to KBIC Housing any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income, and Assets
Residences and Rental Activity	Credit and Criminal Activity
Medical or Child Care Allowances	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (Including Public Housing Agencies)	Past and Present Employers
Courts and Post Offices	Welfare Agencies
Schools and Colleges	State Unemployment Agencies
Law Enforcement Agencies	Social Security Administration
Support and Alimony Providers	Medical and Child Care Providers
Veterans Administration	Retirement Systems
Banks and other Financial Institutions	Credit Providers and Credit Bureaus
Utility Companies	

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the KBIC Housing may conduct computer matching programs to verify the information supplied to notification of any adverse information found and a chance to disprove that information, HUD or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

SIGNATURES

PRINTED NAME

Head of Household: _____ Date: _____

Spouse: _____ Date: _____

Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

ZERO INCOME WORKSHEET

Applicant and/or ALL permanent household member/s age 18 or older shall complete the zero income form for periods within the last three (3) months of the date of application where there is NO earned income generated or partial income claimed. Complete section that is pertinent to your situation – Zero Income or Partial Income.

Zero Income

I _____ certify that I have not received any income within the dates from _____ to _____ and I am claiming ZERO INCOME.
(Must total 3 months from date of application)

Please explain circumstances for claiming Zero Income: _____

REQUIRED: Explain how the expenses are currently paid _____

How will household continue to pay the expenses? _____

Partial Income

I _____ certify that I am claiming income for part of the period within the three months and **proof of income is provided with application** and ZERO INCOME for the dates from _____ to _____. (must total 3 months from date of application)

Please explain circumstances for claiming Partial Income: _____

REQUIRED: Explain how the expenses are currently paid _____

Would you participate in a household budgeting training course? ___ Yes ___ No - If No: Why _____

Are you currently seeking employment? Yes _____ No _____

If you answered - No, I do not expect to be employed within the next month. Explain: _____

If you answered - Yes, I expect to be employed within the next month. Estimated start date: _____

Where? _____ Wage: _____

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive assistance, and that false or misleading statements made by me on this application or my use of any untruthful or misleading statement on a document supporting this application can result in referral to the prosecuting attorney for fraud, and/or recovery of funds paid on my behalf and/or denial of services.

Signature – Person completing this form: _____ Date: _____

Signature - Applicant: _____ Date: _____



FY 2012 – Application Directions