



KBIC ELDER/DISABILITY HEATING ASSISTANCE

CAP OFFICE APPLICATION FY2019

16429 Beartown Road, Baraga, MI, 49908 Phone: (906) 353-4162 Fax: (906) 353-4141

ELDER/DISABILITY HEATING ASSISTANCE pays for one primary heating source, from the month of November through May. *Please note: Qualified applicants must be legally responsible for their residence and utility bills. Applicants, who migrate to another location outside of the service area, will not be eligible for heating assistance.*

1. Please attach a copy of your Enrollment Card that shows your current address.
2. Do you live in Ontonagon County: **Yes** [] **No** []
3. Indicate if you are applying for Elder or Disability Heating Assistance:
 Elder Heating Assistance - (Must be 62 years of age and older. No proof of income for elders 62 and over.

Disability Heating Assistance - Must be receiving Social Security Disability or other long term disability benefits and have a gross earned income not to exceed \$1000.00 per month to qualify. *(Please attach most recent verification of benefits, such as SSI or a Veterans Disability document and/or proof of earned income).*

4. Please complete the section that applies:
A. **I RENT/OWN MY RESIDENCE AND I AM RESPONSIBLE FOR HEATING EXPENSES. PLEASE LIST VENDOR NAME ALONG WITH YOUR ACCOUNT NUMBER BELOW** *(Please attach a heating bill):*

Primary Heating Vender:	Account number:
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B. **I RENT AND MY UTILITIES ARE INCLUDED.** If your utilities are included in your rent, you are eligible for up to \$100 per month, payable to the landlord *(Please provide a lease or landlord statement to verify the rental amount, heating expense as being included in rent, the landlords name, company name, and business address).*

I hereby designate the Keweenaw Bay Indian Community Assistance Program (CAP), 16429 Beartown Road, Baraga, Michigan, 49908 to have third party billing mailed to them to process the heating bills.

I hereby certify that all of the information in this application is true, correct, and complete to the best of my knowledge. I understand that failure to provide all necessary information and documentation can result in the denial of my application.

Applicant's Signature **Print Name** **Date**

Social Security # **Age** **Date of Birth**

Physical Address/Service Address

Mailing Address

Phone/Cell # **Tribal ID#**

TO: KBIC TRIBAL ELDERS AND DISABILITY HEATING RECIPIENTS

RE: THIRD PARTY NOTIFICATION PLAN

This Third Party Notification Plan means that, your utility company (SEMCO Energy, etc.) will send a copy of your bill directly to the CAP Office to be processed and pay your primary heating source. This eliminates turning in utility bills by hand or by mail and it also eliminates late charges on accounts.

Please complete and sign this document in the highlighted sections:

Customer Name (please print) _____

Customer Telephone Number _____

Service Address, City and State

Vendor/Utility Company _____

Account # _____

I want to take advantage of the Third Party Notification Plan so my utility bill will be mailed to me and to the following consenting agency. I designate the Keweenaw Bay Indian Community Assistance Program (CAP), 16429 Beartown Road, Baraga, Michigan, 49908 to have third party billing mailed to them to process the heating bills. CAP # (906) 353-4162

Customer's Signature _____ **Date** _____

Consenting Agency KBIC Community Assistance Program (CAP) _____



**KEWEENAW BAY INDIAN COMMUNITY
DIRECT DEPOSIT AUTHORIZATION FORM**

VOLUNTARY OPTION FOR DIRECT DEPOSIT OF YOUR CHECK

To arrange for direct deposit, you must:

- Complete the applicant portion of this form.
- Attach a voided personal check and/or personalized deposit slip to this form to verify your account number and bank routing number.
- Return the completed form to the Accounts Payable office.
- Please be advised, you must notify the Accounts Payable office immediately if you close or change your bank account.

TO BE COMPLETED BY APPLICANT

Please indicate whether this is a <u>new enrollment</u> <input type="checkbox"/> , a <u>change</u> <input type="checkbox"/> , or to <u>cancel</u> <input type="checkbox"/> by checking the box after the appropriate event.	
I hereby authorize Keweenaw Bay Indian Community to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository name(s) below to credit and/or debit the same as such.	
Print your name as it appears on your account:	
Name of bank:	
Address of bank:	
Bank routing number #	
Account Type: Checking# _____ Amount _____	Account Type: Savings# _____ Amount _____
Employee signature:	Date:

Please attach a void check and/or a savings deposit ticket