

Keweenaw Bay Indian Community



Housing Department

220 Main Street • Baraga, Michigan 49908

Fax 906-353-7623

Phone: (906) 353-7117

Email: carla@kbic-nsn.gov Website:

www.kbic-nsn.gov

EMERGENCY HOMEOWNER ASSISTANCE PROGRAM

Name: _____

Street Address or P.O. Box #: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

1. Family Composition

Family Members	Relationship to Applicant	Tribal Number	Social Security Number
	self		

A. Are you an enrolled member of the Keweenaw Bay Indian Community?

Yes No (Provide copy of tribal enrollment card)

B. Are you an enrolled member of any other Tribe? Yes No
 (Provide copy of tribal enrollment card)

C. Is head of household or spouse recognized as permanently disabled? Yes No
 If yes, provide verification from Social Security Administration, or other agency:

2. Housing Information

A. Have you or anyone in your household 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
 Land: leased/owned

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

KBIC HOUSING
Emergency Assistance Application

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