



SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS

Tribal Elder Heating Assistance Program

Name: _____

Spouse: _____

Maiden Name: _____

Maiden Name: _____

Other Last Name: _____

Other Last Name: _____

S.S.#: _____ DOB: _____

S.S.#: _____ DOB: _____

Address: _____

City/State/Zip Code: _____

Phone Number: (906) _____

County of Residence: _____

Is applicant; Elder (age 60+) Yes No

Disabled? (SSI) Yes No

List name, relationship, Social Security numbers and Date of Birth for all persons residing in the home:

NAME	RELATIONSHIP	SOCIAL SECURITY	DATE OF BIRTH
	Self		
	Spouse		

VENDOR INFORMATION

Energy Supplier Name: _____

Address: _____ Phone: _____

City/State/Zip code: _____

Customer account number: _____

Type of energy used: (circle one) Natural Gas Propane Electric Wood Fuel Oil

Elder Heating Assistance; Applicant must be an Elder (age 60+) and an enrolled member of the Sault Ste. Marie Tribe of Chippewa Indians.

Attach copies of: Tribal Membership Card(s), Social Security Card(s), copy of current heating bill and household income for the past 12 months. (Award letter for Social security, SSI, Pensions, etc.)

Send application to: Sault Tribe - ACFS, Elder Heating Program, 2864 Ashmun Street, Sault Ste. Marie, Michigan 49783

INCOME WORKSHEET

Please indicate all earned and unearned income for the past 12 months for the household.

NAME: _____

January	\$	July	\$
February	\$	August	\$
March	\$	September	\$
April	\$	October	\$
May	\$	November	\$
June	\$	December	\$

NAME: _____

January	\$	July	\$
February	\$	August	\$
March	\$	September	\$
April	\$	October	\$
May	\$	November	\$
June	\$	December	\$

Applicant's Signature *(required)*

Date

Spouse Signature

Date

DO NOT WRITE BELOW THIS LINE

Annual Income: \$	Matrix: %	Amount: \$
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	D.V. #: 234-	Processed By:
State reason denied:		
Authorized by:		Date: