CSBG APPLICATION

The CIMC CSBG Program provides assistance and budget management education to eligible low-income Native American families that live off-reservation in select counties in California.

Types of Assistance

<table>
<thead>
<tr>
<th>Housing Assistance</th>
<th>Utility Assistance</th>
<th>Nutrition Assistance</th>
<th>Supportive Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>May reapply every 24 months</td>
<td>May reapply every 12 months</td>
<td>May reapply every 3 months</td>
<td>May reapply every 12 months</td>
</tr>
<tr>
<td>Will not be provided if you willfully failed to pay your rent, or if your household income is not enough to pay future month's rent.</td>
<td>Will not be provided if you willfully failed to pay your utility bill(s), or if you received assistance from another agency in the last 6 months</td>
<td><strong>Will not be provided if you did not return your receipts and gift cards from your last food assistance, or purchase non-allowable food items.</strong></td>
<td>Will not be provided for non-core curriculum classes.</td>
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</tbody>
</table>
| • Prevent eviction  
• Relocation (one time only) | • Prevent disconnection  
• Restore service  
• Deposit  
• Wood, propane, kerosene | | • Employment  
• Vocational Training  
• Education |

STEP 1: Submit (by mail, email, or fax)
- □ Application and Money Management (mail original Application and Money Management so that original signature is on file)
- □ Indian certification
- □ Proof of residence/physical address
- □ All household income, including Cal-Fresh if applicable, for the past six months
- □ Additional Documents (as needed)
  a. Intent-to-rent form (if applying for relocation assistance)
  b. Pay-or-quit notice (if applying for eviction prevention assistance)
  c. Disconnection notice (if applying for utility disconnection prevention assistance)
  d. 12-month payment history from utility company
  e. Background information for employment, vocational training, or education

STEP 2: Call 1-916-564-4053 or 1-800-432-2724 to confirm that we received your application and supporting documents.

STEP 3: Receive eligibility decision. If you are eligible for CSBG services, we will let you know what services will be provided based on justification.

✓ Submission of an application does not guarantee that services will be provided.
✓ Documents are reviewed to verify information. Receipts may be requested.
✓ CSBG services may be denied if information provided is false, misleading, or withheld.

RELEASE OF INFORMATION AUTHORIZATION:

I certify by signing this sheet that I have read and understand the above information and hereby give the CIMC CSBG Program authorization to obtain any and all required information in order to complete my application process for assistance.

Applicant Name________________________________________ County_______________________________________
Applicant Signature_____________________________________ Date_________________________________________
**NAME**

**BIRTHDATE (MONTH/DAY/YEAR)**

**RESIDENCE/STREET ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**TELEPHONE NUMBER**

**EMAIL ADDRESS**

**MAILING ADDRESS/ PO BOX**

**CITY**

**STATE**

**ZIP CODE**

**COUNTY**

**M** [ ]

**F** [ ]

**NATIVE AMERICAN?** [ ] YES [ ] NO

**TRIBE:**

**RESERVATION RESIDENT?** [ ] Y [ ] N

**RESERVATION:**

**INDIAN CERTIFICATION:** [ ] BIA-ROLL #_________________

[ ] TRIBAL - ROLL #_________________

[ ] BIRTH CERTIFICATE_________________

[ ] OTHER_________________

**HIGHEST GRADE COMPLETED**

**ARE YOU A STUDENT NOW?** [ ] Y [ ] N

**DO YOU HAVE A:**

[ ] HS DIPLOMA [ ] GED [ ] DEGREE

**MONTHLY EXPENSES:** (PLEASE COMPLETE FOR THE PAST MONTH’S EXPENSES)

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>RENT/ MORTGAGE</td>
<td>$</td>
</tr>
<tr>
<td>ELECTRICITY</td>
<td>$</td>
</tr>
<tr>
<td>HEATING/GAS</td>
<td>$</td>
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<tr>
<td>GROCERIES</td>
<td>$</td>
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<tr>
<td>OTHER</td>
<td>$</td>
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</tbody>
</table>

**HOUSEHOLD INCOME:** LIST ALL FAMILY HOUSEHOLD INCOME.

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>SOURCE OF INCOME</th>
<th>GROSS MONTHLY INCOME</th>
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**CIMC USE ONLY**

**TANF CASE NO.**

**SSA/SSI CLAIM NO.**

**EMPLOYED?** [ ] Y [ ] N

**IF NO, LAST DAY WORKED:**

**IF YES, HOURLY WAGE:**

**HOURS YOU WORK PER WEEK:**

**DO YOU RECEIVE FOOD STAMPS/COMMODITIES/WIC?** [ ] Y [ ] N

**MONTHLY AMOUNT:**

**DATE RECEIVED:**

**DO YOU HAVE MEDICAL/HEALTH INSURANCE?** [ ] Y [ ] N

**FAMILY SIZE**

<table>
<thead>
<tr>
<th>FAMILY SIZE</th>
<th>GROSS INCOME 6 MONTHS</th>
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<tbody>
<tr>
<td>1</td>
<td>$ 6,070</td>
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<tr>
<td>2</td>
<td>$ 8,230</td>
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<tr>
<td>3</td>
<td>$10,390</td>
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<tr>
<td>4</td>
<td>$12,550</td>
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<tr>
<td>5</td>
<td>$14,710</td>
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<tr>
<td>6</td>
<td>$16,870</td>
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<tr>
<td>7</td>
<td>$19,030</td>
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<tr>
<td>8</td>
<td>$21,190</td>
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<tr>
<td>9+</td>
<td>ADD $4,320 PER FAMILY MEMBER</td>
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</table>

**ARE YOU RELATED TO ANYONE WORKING FOR CIMC OR TO ANY MEMBER OF CIMC’S BOARD OF DIRECTORS?** [ ] Y [ ] N

**IF YES, STATE NAME AND RELATIONSHIP:**

**HAVE YOU APPLIED FOR ASSISTANCE THROUGH THE CIMC COMMUNITY SERVICES BLOCK GRANT PROGRAM BEFORE?** [ ] Y [ ] N

**IF YES, LIST COUNTY AND ASSISTANCE:**

[ ] Client needs BME
PLEASE WRITE NAME, RELATIONSHIP, BIRTHDATE (MM/DD/YY), AGE OF EACH FAMILY MEMBER IN HOUSEHOLD.

<table>
<thead>
<tr>
<th>FAMILY MEMBER</th>
<th>RELATIONSHIP</th>
<th>BIRTHDATE</th>
<th>AGE</th>
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TYPE OF ASSISTANCE REQUESTED. CHECK ALL THAT APPLY.

- HOUSING  
- NUTRITION/FOOD  
- UTILITY  
- EDUCATION  
- EMPLOYMENT  
- OTHER

IN THE SPACE BELOW, WRITE IN DETAIL WHAT HAPPENED THAT CAUSED YOUR CURRENT EMERGENCY SITUATION.

I CERTIFY BY SIGNING THIS APPLICATION THAT ALL INFORMATION GIVEN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT GIVING FALSE/MISLEADING INFORMATION IS CONSIDERED PERJURY AND MAY BE SUBJECT TO PROSECUTION. I UNDERSTAND THIS APPLICATION MUST BE ACCOMPANIED BY VERIFICATION OF INCOME, RESIDENCY, AND INDIAN ANCESTRY. ALSO BY SIGNING THIS APPLICATION, I HEREBY GIVE PERMISSION TO THE CIMC CSBG PROGRAM TO VERIFY AND OBTAIN ANY INFORMATION NEEDED FOR THE PROCESSING OF THIS APPLICATION.

APPLICANT SIGNATURE ___________________________________________ DATE ________________

ASSISTED BY ___________________________________________ DATE ________________

CSBG ELIGIBILITY SPECIALIST _________________________________ DATE ________________

CSBG COORDINATOR __________________________________________ DATE ________________