

**2010 SUN'AQ TRIBE OF KODIAK
COMMUNITY SERVICE BLOCK GRANT
APPLICATION**

The Community Service Block Grant Program provides federal recognized Indian Tribes and Tribal organizations funding so that they may provide supportive services and activities to assist low income individuals and families to become self-sufficient.

Services offered under the CSBG through the Sun'aq Tribe of Kodiak:

1. Employment
2. Education
3. Income Management
4. Housing
5. Nutrition
6. Emergency Services
7. Health

No application will be processed without all required documentation. Only one applicant per household. Sun'aq Tribe of Kodiak requires the following requirements:

1. Be an Alaska Native or an American Indian.
2. Must show proof of being a member of the Sun'aq Tribe of Kodiak or a member of a tribe that is federally recognized and have a State ID.
3. Live within the Sun'aq Tribe of Kodiak Service Area.
4. Meet the federal standard poverty guidelines.
5. Must show proof of need of services that are being requested.
6. Be willing to sign a release of information form.

2009 Poverty Guidelines

Size of Family	
1.....	\$13,530
2.....	\$18,210
3.....	\$22,890
4.....	\$27,570
5.....	\$32,250
6.....	\$36,930
7.....	\$41,610
8.....	\$46,290
Each additional...	\$4,680

RECORD OF INCOME AND RESOURCES

Does anyone in your household have income from any source? YES NO

If yes, list the name of household member(s), source of income and amounts below.

*****Applicant MUST provide verification of ALL income reported & received*****

SOURCE OF INCOME	AMOUNT	NAME OF HOUSEHOLD MEMBER
Salary #1: Applicant's income/salary	\$	
Salary #2: Spouse's income/salary	\$	
Tips or Gratuities	\$	
ATAP-TANF-ASAP	\$	
Child Support and Alimony	\$	
Foster Care Payments	\$	
Adult Public Assistance (APA)	\$	
Social Security (SSA) or (SSI)	\$	
Alaska Permanent Fund (PFD)	\$	
Cashouts of Retirement or Pension	\$	
State Longevity	\$	
Veteran's Benefit	\$	
Unemployment Insurance Benefits	\$	
Worker's Compensation	\$	
Native Corporation Dividends	\$	
Checking and Savings Accounts	\$	
Student Loans/Grants/Scholarships	\$	
Bingo or Pull Tab Winnings	\$	
Other Income	\$	
TOTAL MONTHLY INCOME	\$	

MONTHLY SHELTER COSTS

*****Applicant MUST provide verification of ALL expenses for current month*****

Rent		Telephone	
Space Rent		Water	
Mortgage Payment		Sewage	
Electricity		Houshold Oil/Fuel/Wood	
Heating		Other	

READ BEFORE SIGNING I (we) apply for financial assistance for services for the listed members of my (our) household Who are in need. I (We) have received a copy of and have had explained to us, and understand the provisions of Federal Law Governing fraud. I (We) agree to supply information regarding resources and income and to notify the agency of any changes in my (our) situation. Social Services is authorized to obtain information necessary to establish eligibility for assistance. I (We) have read, or had explained to us, the provision of our protection under the Paperwork Reduction Act and the Privacy Act.

Applicant Signature _____

Printed Name _____

Date _____

*******FOR OFFICE USE ONLY*******

Date Application Received: _____ Application Received By: _____

DECISION OF APPLICATION: APPROVED DENIED Date: ___ / ___ / ___

Comments/Notes: _____

Caseworker Signature: _____ Date: _____ / _____ / _____

SUN'AQ TRIBE OF KODIAK
312 W. Marine Way
Kodiak, AK 99615
PHONE: (907) 486-4449 FAX: (907) 486-3361

DATE:

TO:

I, _____, hereby authorize the release of information requested by the **Sun'aq Tribe of Kodiak**. The requested information shall be used solely in the administration of **Program Services** offered by the **Sun'aq Tribe of Kodiak**, and will not be released to any other person or agency outside the **Sun'aq Tribe of Kodiak**. I hereby authorize the **Sun'aq Tribe of Kodiak** to obtain and exchange information related to my applications to participate in their programs. This release of information shall be in effect while I'm an applicant or recipient of **The Sun'aq Tribe of Kodiak Services Programs** which include:

1. General Assistance
2. Community Service Block Grant
3. Higher Education
4. Job Placement and Training
5. Direct Education
6. Adult Vocational Training

Persons or organizations that may be contacted include, but are not limited to: the Department of Law, the Department of Public Safety, the Department of Fish & Game, the Department of Labor, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal governments, public assistance program contractors and grantees, health care providers, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, private individuals and all departments and programs within and administered by the Sun'aq Tribe of Kodiak.

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL

Applicant Signature

Signature of Witness if signed with an "X"

Printed Name of Applicant

Printed Name of Witness

Social Security Number

Date

Date