

|  |                       |  |                     |           |             |
|--|-----------------------|--|---------------------|-----------|-------------|
| <b>Applicant Information</b>   | Last Name _____       |  | First Name _____    |           | MI _____    |
|  | Address _____         |  |                     |           | Apt # _____ |
|  | City _____            |  | State MI _____      | Zip _____ |             |
|  | Phone Number _____    |  | Email Address _____ |           |             |
|  | <b>Household Type</b> |  |                     |           |             |
| <input type="checkbox"/> Single Person<br><input type="checkbox"/> Two Adults NO Children<br><input type="checkbox"/> Single Parent Female<br><input type="checkbox"/> Single Parent Male<br><input type="checkbox"/> Two Parent Household<br><input type="checkbox"/> Non-related Adults with Children<br><input type="checkbox"/> Multi-generational Household<br><input type="checkbox"/> Other |                       |  |                     |           |             |
| <i>Check the box that applies to your household type</i>   |                       |  |                     |           |             |
| <b>Housing</b>   |                       |  |                     |           |             |
| <input type="checkbox"/> Own<br><input type="checkbox"/> Rent<br><input type="checkbox"/> Other Permanent Housing<br><input type="checkbox"/> Homeless<br><input type="checkbox"/> Other   |                       |  |                     |           |             |
| <i>Check the box that applies to your housing situation</i>  |                       |  |                     |           |             |

**Household Information**

|    | Names | M/F | Date of Birth | Relationship | Social Security # | Race | Ethnicity |
|----|-------|-----|---------------|--------------|-------------------|------|-----------|
| 1  |       |     |               | Applicant    |                   |      |           |
| 2  |       |     |               |              |                   |      |           |
| 3  |       |     |               |              |                   |      |           |
| 4  |       |     |               |              |                   |      |           |
| 5  |       |     |               |              |                   |      |           |
| 6  |       |     |               |              |                   |      |           |
| 7  |       |     |               |              |                   |      |           |
| 8  |       |     |               |              |                   |      |           |
| 9  |       |     |               |              |                   |      |           |
| 10 |       |     |               |              |                   |      |           |

**Household Information continued**

|    | Names | Education Level | Health Insurance | Work Status | Military? | Disabled? | US Citizen? |
|----|-------|-----------------|------------------|-------------|-----------|-----------|-------------|
| 1  |       |                 |                  |             |           |           |             |
| 2  |       |                 |                  |             |           |           |             |
| 3  |       |                 |                  |             |           |           |             |
| 4  |       |                 |                  |             |           |           |             |
| 5  |       |                 |                  |             |           |           |             |
| 6  |       |                 |                  |             |           |           |             |
| 7  |       |                 |                  |             |           |           |             |
| 8  |       |                 |                  |             |           |           |             |
| 9  |       |                 |                  |             |           |           |             |
| 10 |       |                 |                  |             |           |           |             |

**Main Language in Household:** \_\_\_\_\_

*Southwest Michigan Community Action Agency (SMCAA) is dedicated to empowering diverse people in need and supporting their journey towards economic security.*

Be sure to fill in all fields for all members of the household. Incorrect or incomplete information could result to your application being denied.



|                              |              |  |               |     |    |                        |                                   |  |                           |  |  |    |  |
|------------------------------|--------------|--|---------------|-----|----|------------------------|-----------------------------------|--|---------------------------|--|--|----|--|
| <b>Applicant Information</b> | Last Name    |  | First Name    |     | MI | <b>Office Use Only</b> | Date Application was Received     |  | <b>Certification</b>      |  | <b>Contributions</b>                     |    |  |
|                              | Address      |  | Apt #         |     |    |                        | <input type="checkbox"/> Approved | Interviewer                                  |                           | <input type="checkbox"/> Utility Funds | \$                                       |    |  |
|                              | City         |  | State         | Zip |    |                        |                                   | <input type="checkbox"/> Denied              | Adjusted Application Date |  | <input type="checkbox"/> Income Eligible | \$ |  |
|                              | Phone Number |  | Email Address |     |    |                        |                                   | <input type="checkbox"/> Not Income Eligible |                           |  | <b>Comments</b>                          |    |  |
|                              |              |  |               |     |    |                        |                                   | Caseworker                                   |                           | Date                                   |  |    |  |

| Household Income - List ALL household members income |       |           |        | Income Sources From (Yes or No) |               |                    |
|--|-------|-----------|--------|---------------------------------|---------------|--------------------|
|  | Names | Pay Cycle | Amount | Employment?                     | Other Source? | Non-Cash Benefits? |
| 1  |       |           |        |                                 |               |                    |
| 2  |       |           |        |                                 |               |                    |
| 3  |       |           |        |                                 |               |                    |
| 4  |       |           |        |                                 |               |                    |
| 5  |       |           |        |                                 |               |                    |
| 6  |       |           |        |                                 |               |                    |
| 7  |       |           |        |                                 |               |                    |
| 8  |       |           |        |                                 |               |                    |
| 9  |       |           |        |                                 |               |                    |
| 10   |       |           |        |                                 |               |                    |

|   |  |                                       |  |                             |  |
|---|--|---------------------------------------|--|-----------------------------|--|
| <b>Household Income<br/>Other Sources &amp; Non-Cash Benefits</b> | <i>Check ALL Other Sources Income that applies to your Household</i>   |                                       | <i>Check ALL Non-Cash Benefit Sources that apply to your Household</i>   |                             |  |
|   | <input type="checkbox"/> TANF<br><input type="checkbox"/> Supplemental Security Income (SSI)<br><input type="checkbox"/> Social Security Disability Income (SSDI)<br><input type="checkbox"/> VA Service-Connected Disability Pension<br><input type="checkbox"/> VA Non-Service Connected Disability Pension<br><input type="checkbox"/> Private Disability Insurance<br><input type="checkbox"/> Worker's Compensation<br><input type="checkbox"/> Retirement Income from Social Security<br><input type="checkbox"/> Pension<br><input type="checkbox"/> Child Support<br><input type="checkbox"/> Alimony or other Spousal Support<br><input type="checkbox"/> Unemployment Insurance<br><input type="checkbox"/> EITC<br><input type="checkbox"/> Other |                                       | <input type="checkbox"/> SNAP<br><input type="checkbox"/> WIC<br><input type="checkbox"/> LIHEAP<br><input type="checkbox"/> Housing Choice Voucher<br><input type="checkbox"/> Public Housing<br><input type="checkbox"/> Permanent Supportive Housing<br><input type="checkbox"/> HUD-VASH<br><input type="checkbox"/> Childcare Voucher<br><input type="checkbox"/> Affordable Care Act Subsidy<br><input type="checkbox"/> Other |                             |  |
|   |  |                                       |  |                             |  |
|   |  | <b>Total Monthly Household Income</b> |  | <b>Total Income Sources</b> |  |
|   |  |                                       |  |                             |  |

## SMCAA Emergency Service Application Signature Page

I certify that information given in this application is true, complete and correct to the best of my knowledge. I understand that I must furnish verification or proof of income. I also give my consent to verify my income from any other sources. I understand that my Social Security Number will be used to request and exchange information with other agencies and authorizing companies as part of the eligibility verification process. Southwest Michigan Community Action Agency (SMCAA) may use my information to get wage data, amount of earned income, interest income, Social Security benefits, pensions, or veteran's benefits. I understand that I may request a review and/or fair hearing if I am not satisfied with any action taken as a result of this application. I am aware that I may be penalized by fine and/or imprisonment for making false statements on this application and may be required to repay benefits received as a result of false statements.

By signing below I acknowledge that additional information or documentation may be necessary to determine or confirm my household's eligibility for assistance. I agree to cooperate in any reasonable requests to provide information, and understand that my failure to cooperate may result in termination, suspension, or repayment of assistance.

***SIGN FULL NAME BELOW***

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Signature of Applicant

---

DATE



185 E Main, Suite 303  
Benton Harbor, MI  
49022-4432

Tel: (269) 925-9077

Fax: (269) 934-8242  
contact@smcaa.com

# Southwest Michigan Community Action Agency



HELPING PEOPLE. CHANGING LIVES  
Serving Berrien, Cass, and Van Buren Counties

## INCOME WORKSHEET

CAA Name: Southwest Michigan Community Action Agency

CAA Phone: 269-925-9077

CAA Website: www.smcaa.com

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Income Verification Period: From- \_\_\_\_\_ To- \_\_\_\_\_

### 1. NON-EARNED INCOME (Gross TANF, VA, SS, SSI, Pension, Annuity, Unemployment)

| Household Member | Source | Amount | Frequency | 1 Month | 3 Months | 12 Months |
|------------------|--------|--------|-----------|---------|----------|-----------|
|                  |        | \$     |           | \$      | \$       | \$        |
|                  |        | \$     |           | \$      | \$       | \$        |
|                  |        | \$     |           | \$      | \$       | \$        |
|                  |        | \$     |           | \$      | \$       | \$        |

### 2. EARNED INCOME (Gross Wages, Self-Employment, Rental Income, Odd Job Income)

| Household Member | Employer | Employment Dates | 1 Month | 3 Months | 12 Months |
|------------------|----------|------------------|---------|----------|-----------|
|                  |          |                  | \$      | \$       | \$        |
|                  |          |                  | \$      | \$       | \$        |
|                  |          |                  | \$      | \$       | \$        |
|                  |          |                  | \$      | \$       | \$        |

### 3. MISCELLANEOUS INCOME (Gross Interest, Dividends, Child Support, Alimony, Worker's Comp, Other)

| Household Member | Source | Amount | Frequency | 1 Month | 3 Months | 12 Months |
|------------------|--------|--------|-----------|---------|----------|-----------|
|                  |        | \$     |           | \$      | \$       | \$        |
|                  |        | \$     |           | \$      | \$       | \$        |
|                  |        | \$     |           | \$      | \$       | \$        |

### 4. ZERO INCOME (The following adult Household members living in the residence had zero income during one or more of the month(s) of the Income Verification Period specified above.)

| Household Member | Date/Place of Last Employment | Date Unemployment Last Received | OR Full Time Student At |
|------------------|-------------------------------|---------------------------------|-------------------------|
|                  |                               |                                 |                         |
|                  |                               |                                 |                         |

### 4a. If the Household has zero income how are basic living expenses being paid? (e.g., housing, food, transportation, etc.) (Examples of sources: gifts, loans, self-employment, etc.)

| Source | Frequency | 1 Month | 3 Months | 12 Months |
|--------|-----------|---------|----------|-----------|
|        |           | \$      | \$       | \$        |
|        |           | \$      | \$       | \$        |
|        |           | \$      | \$       | \$        |

### 5. CHILD SUPPORT DEDUCTION (Gross Court ordered child support paid by a Household member may be deducted from income)

| Household Member | Frequency | 1 Month | 3 Months | 12 Months |
|------------------|-----------|---------|----------|-----------|
|                  |           | \$      | \$       | \$        |
|                  |           | \$      | \$       | \$        |

### 6. NOTES (If additional space is needed, attach separate sheet.)

Under penalty of perjury, I certify that the information I gave is true, correct, and complete to the best of my knowledge. If I have knowingly given false, misleading or incomplete information, I understand I may be subject to criminal prosecution, liable to Southwest Michigan Community Action Agency for repayment of any benefits received, and/or risking my future eligibility for benefits.

\_\_\_\_\_  
Primary Applicant Signature/Date

\_\_\_\_\_  
Certifier Signature/Date





# Southwest Michigan Community Action Agency

SERVING BERRIEN, CASS, AND VAN BUREN COUNTIES

*Helping People. Changing Lives.*



185 E. Main St., Suite 303  
Benton Harbor, MI 49022

Tel: (269) 925-9077  
Fax: (269) 934-8242  
contact@smcaa.com  
www.smcaa.com

## Release of Information Form

|                          |  |              |  |
|--------------------------|--|--------------|--|
| <b>Applicant Name:</b>   |  | <b>Date:</b> |  |
| <b>Physical Address:</b> |  |              |  |
| <b>City/State/Zip:</b>   |  |              |  |

**All Household Members over the age of 18 years MUST sign the Release of Information Form.**

I grant permission to Southwest Michigan Community Action Agency (SMCAA):

- Provide my social security number and other personal information to state and federal agencies for the purpose of determining and confirming my eligibility for SMCAA programs and programs administered by the CAA;
- Provide my contact information to other state, federal, and local government entities and not for profit agencies for the purpose of notifying me of other programs administered by such government entities and not for profit agencies;
- Provide information to and obtain information from the agencies listed above or others as needed to determine and confirm eligibility for SMCAA programs and programs administered by the CAA; and
- Disclose my personal information for the determination of eligibility for programs administered by state, federal, and local agencies.

I also grant permission to state and federal agencies to share my personal information relevant to application for SMCAA programs. I understand this information may include the benefits I received.

I specifically grant permission to the Michigan Department of Health and Human Services, the Michigan Department of Labor, and the Social Security Administration, and their successor agencies, to share my personal information, including benefits received, relevant to application for SMCAA program and other SMCAA programs.

|                     |                               |
|---------------------|-------------------------------|
| <b>Printed Name</b> | <b>Social Security Number</b> |
| <b>Signature</b>    | <b>Date</b>                   |
| <b>Printed Name</b> | <b>Social Security Number</b> |
| <b>Signature</b>    | <b>Date</b>                   |
| <b>Printed Name</b> | <b>Social Security Number</b> |
| <b>Signature</b>    | <b>Date</b>                   |
| <b>Printed Name</b> | <b>Social Security Number</b> |
| <b>Signature</b>    | <b>Date</b>                   |

I give consent for one (1) year for SMCAA staff to refer my name to other SMCAA programs or to other agencies for services that I may be eligible. I further agree to allow SMCAA staff to verify any information vital to determine eligibility and provision of services.

|                             |      |
|-----------------------------|------|
| Primary Applicant Signature | Date |
|-----------------------------|------|



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## Grievance/Appeals Procedures

It is the intent of SMCAA to provide all participants, sub grantees, subcontractors and other interested parties a process to resolve grievances or complaints about the programs and activities administered by SMCAA. The procedure shall include a process of information and notification to all interested parties, which includes an informal resolution and appeal.

All program and service grievances or complaints, except those alleging fraud or criminal activity, must be filed within 30 days of the date of the alleged occurrence. At any time during the grievance/complaint process you may contact the agency regarding the procedures to properly address your concerns at each level of the process.

**The process includes three components or levels as follows:**

### **1. Informal Resolution:**

You will be afforded the opportunity and encouraged to discuss your concern with program managers to resolve the matter to the mutual satisfaction of the parties involved. A complaint may be dismissed if you fail to state a course of action for which relief can be granted. You will receive a written notice stating why your complaint was dismissed and a hearing request form.

### **2. Request for Hearing:**

If you receive a Hearing Request form you will need to fill it out promptly and send it back to the agency. This form needs to reach us within 30 days of the denial. SMCAA will research the complaint and set up a meeting in person or over the phone with the Executive Director so you can discuss your issue. If you are not satisfied with the outcome you can go to level 3.

### **3. Grantor Level Review:**

A request for review of your grievance or complaint shall be submitted in writing within 15 days of receipt of the adverse decision or 15 days from the date on which you should have received a decision to one of the grantee agencies on the attached sheet. Since SMCAA receives grant funds from many state, federal and other agencies, your request for review should be directed to the appropriate organization.

**ALL DECISIONS AT THE GRANTOR LEVEL REVIEW ARE FINAL**



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## GRANTOR LIST

### **Homeownership Counseling/Homeless Housing**

#### **Assistance**

MSHDA  
735 E. Michigan Ave.  
PO Box 30044  
Lansing, MI 48909

#### **EFSP – Berrien County**

Anna Murphy, Executive Director  
United Way of SWMI  
2015 Lakeview Ave.  
St. Joseph, MI 49085

### **Family Emergency Shelter / Emergency Housing**

Takisha Jones, Region 8 and 9 Director  
The Salvation Army  
6130 Northland Dr.  
Southfield, MI 48075

#### **Food Programs**

Michigan Department of Education  
PO Box 30008  
Lansing, MI 48909

### **MPSC, LCA, Weatherization, CSBG, Emergency Housing**

MDHHS Bureau of Community Action and Economic Opportunity (BCAEO)  
Administrative Hearings  
235 South Grand Ave.  
PO Box 30037  
Lansing, MI 48909

#### **Emergency Solutions Grant**

MSHDA  
735 E. Michigan Ave.  
PO Box 30044  
Lansing, MI 48909

### **Permanent Supportive Housing, Rapid Rehousing**

MDHHS Housing and Homeless Division  
235 East Grand Ave.  
Suite 1110  
Lansing, MI 48933

#### **EFSP – Van Buren County**

VB FEMA Board  
81611 White Oak Dr.  
Decatur, MI 49045

### **Civil Rights Complaints on ANY PROGRAM**

Michigan Department of Civil Rights  
Victor Center, Suite 700  
201 North Washington Squ.  
Lansing, MI 48913



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**SOUTHWEST MICHIGAN COMMUNITY ACTION AGENCY**  
**Serving Berrien, Cass and Van Buren Counties**  
**185 E. Main, Suite 303**  
**Benton Harbor, MI 49022**  
**269.925.9077**  
**800.334.7670**

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## **RECEIPT OF GRIEVANCE/APPEALS PROCEDURE**

This document certifies that I have received a copy of the Southwest Michigan Community Action Agency (SMCAA) Programmatic/Client Grievance/Appeals Procedures.

I have been informed by agency staff of my right to request a formal review of the eligibility determination made in response to my formal application and request for assistance under the

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Program

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Grant Fiscal Year

---

Applicant Signature

---

Date



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