



# 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

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## Required Application Documents

The following are documents you **must include** with your application for the any services from SMCAA. Please read the list carefully. If you do not include all required documents, your application will not be processed. Please send copies and not original documents.

- 1. Proof of Identification:** Social Security cards for all members in the household and : Birth certificates for infants under the age of 12 months. Document for all foster children in the household. (A copy of letter from MDHHS or other Social Service agency). Copy I.D. of head of household and a picture of head of household holding their I.D.
- 2. Proof of Income:** All earned income information for everyone 18 years and older who resides in the household. (Please include all documentation which apply to member of your household) All documentation below if applicable. Unearned income is counted for every member of the household.

### Examples of Earned and Unearned Income

- a. If paid weekly submit paystubs for the last 4 consecutive weeks. If paid twice a month or every two weeks include 2 consecutive paystubs.
- b. If self-employed a copy of the latest federal income tax statement or last 4 consecutive paystubs.
- c. Pension, veteran and disability, Soc. Sec. or SSI benefits benefit award letter.
- d. Unemployment benefits: Copy of award statement.
- e. Child Support/ Alimony: Statement of total monthly support.
- f. TANF or General Assistance award letter or printout.
- g. Unemployed household members age 18 and over must have the following documentation. Zero Income statement not notarized. If full time student a letter which must be on school letterhead.

### 3. Proof of Emergency:

- a. **Utility Assistance:** Copy of Utility bill
- b. **Rent/Mortgage:** Copy of current lease and letter from Landlord with total amount you are behind on rent.

**You can send the completed application and supporting documents to the following:**

Email: [lmills@smcaa.com](mailto:lmills@smcaa.com)  
Fax: 269-934-8242 Att: L-Mills  
Address: 185 E. Main St. Ste. 303  
Attn: L- Mills  
Benton Harbor, MI 49022



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




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

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

<b>Main Language in Household:</b> _____  <i>Southwest Michigan Community Action Agency (SMCAA) is dedicated to empowering diverse people in need and supporting their journey towards economic security.</i>	Be sure to fill in all fields for all members of the household. Incorrect or incomplete information could result to your application being denied.	
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<b>Applicant Information</b>	Last Name _____ First Name _____ MI _____			<b>Office Use Only</b>	Date Application was Received _____		<b>Certification</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Income Eligible <input type="checkbox"/> Not Income Eligible		<b>Contributions</b> <input type="checkbox"/> Utility Funds \$ _____ <input type="checkbox"/> DHHS \$ _____ <input type="checkbox"/> Other \$ _____		
	Address _____ Apt # _____				Interviewer _____						
	City _____ State _____ MI _____ Zip _____				Adjusted Application Date _____						
	Phone Number _____ Email Address _____				Caseworker _____		Date _____				
										<b>Comments</b>	

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

## 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

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DATE



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

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## 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





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## 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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**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

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Applicant Signature

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Date



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