



ENTERPRISE RANCHERIA **CSBG PROGRAM**

The following documents shall be submitted along with your CSBG Application before your application is approved.

- 1) ___ Current Proof of income (employment pay stubs, TANF, Social Security, etc.) for the past Thirty (30) days for *everyone* in the household over Eighteen (18) years of age. (If no income, you must fill out a zero income form)

- 2) ___ Release of Information form signed by everyone in the household over Eighteen (18) years of age.



Enterprise Rancheria

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Community Service Block Grant Food Vouchers

Head of Household: _____

Spouse: _____

Address: _____

Phone: _____

Other Household Members:

	Name	Relationship	Age
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

SOURCE OF INCOME (FOR ALL ADULT MEMBERS OF HOUSEHOLD)

\$ _____ Employment

\$ _____ Un-Employment

\$ _____ SS/SSI

\$ _____ TANF/Tribal TANF

\$ _____ Retirement (Pension)

\$ _____ Child Support

\$ _____ Other (**Specify**)

NET MONTHLY INCOME: \$ _____

I certify that the information on this application is true and correct to the best of my knowledge. I will provide written proof of all sources of household income. The penalties for providing false information are denial of assistance.

Signature of Applicant

Date

<u>Tribal Revenue Sharing Income Guidelines</u>	Poverty Guidelines x 50%
Family Size	
1	\$17,655.00
2	\$23,895.00
3	\$30,135.00
4	\$36,375.00
5	\$42,615.00
6	\$48,855.00
7	\$55,095.00
8	\$61,335.00
Additional Person	\$4,160.00