



Application for Housing/Utilities Assistance

PLEASE ATTACH A COPY OF YOUR TRIBAL ID

Applying For: Utilities Assistance Rent/Mortgage Assistance

OFFICE USE ONLY:	
Application Received:	
Name:	_____
Date:	_____
Received By:	_____

NOTE: You must attach a copy of your mortgage/rent invoice and/or utilities bill depending on the type of assistance you are requesting. Information provided on this application is subject to verification. You will be determined eligible or ineligible based on the information you provide in this application.

APPLICANT INFORMATION:

First Name: _____ Last Name: _____ M.I.: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Message No.: _____

HOUSEHOLD COMPOSITION: List the Head of Household and ALL persons living in the home.

First Name	Last Name	Relationship	Birth Date	Tribal ID	

INCOME INFORMATION: List below all sources of income for every family member. Include all income: such as wages, public assistance, TANF, all benefit payments, net income from a business, child support, fishing income, PER CAPITA payments, etc.

Family Member	Source of Income	Amount	Payment Basis (Weekly, Monthly, Etc.)



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(Continued)

ADDITIONAL INFORMATION: Please state how the COVID Pandemic affected your household (Furlough, Reduced hours, loss of job, or increased expenses, please explain and attach proof)

APPLICATION CERTIFICATION: I/ We certify that all information provided in this application is true, complete and accurate to the best of my knowledge. I/We authorize the Tulalip Tribes Housing Department to verify all information provided on this application. I/We understand that supplying false information may result in denial and/or termination of assistance.

Date: _____ Head of Household Signature: _____

Date: _____ Other Adult Signature: _____

HOUSING DEPARTMENT USE ONLY

- Indian Housing Plan Abbreviated
- Indian Community Block Grant
- Non-Program Funds

Eligibility Determination: Approved Ineligible

If ineligible, please state why: _____

Date: _____ Determination Made By: _____

Date: _____ Approved By: _____