



Transition Units Application

Full Name: _____
First Name Middle Name Last Name

Address: _____

Phone: _____ Email: _____

1. HOUSEHOLD COMPOSITION:

The Current Household Composition is follows:

Full Legal Name	Social Security Number	Tribal ID	Date of Birth

2. INCOME INFORMATION:

List below all sources of income for every family member. This information will be verified. Include all income: such as wages, public assistance, TANF, all benefit payments, net income from a business, child support, fishing income, general welfare, etc.

Household Members	Source of Income	Gross Monthly Amount

3. HOMELESSNESS BARRIER: (Circle the one that applies)

Were you evicted? No Yes

Are you facing eviction? No Yes

Do you have a notice of eviction? No Yes

Are you without permanent residence, causing you the need to find places to sleep? No Yes

How long has this been occurring? _____

Have you experienced changes in your family structure? No Yes

If yes, what are the changes? _____

What are your goals for permanent housing? Stable Living Rent Own

4. SIGNATURE:

I certify that all information provided on this form is true and complete and accurate to the best of my knowledge. I authorize the Tulalip Tribes to verify all information provided on this form. I understand that supplying false information may result in termination of assistance.

Date

Signature

