Tulalip Tribes HEARS Grant Application Social Services Division



First Name:	Last Name:				
DOB:	SSN:	T# :			
Physical Address:					
Mailing Address:					
Preferred	Method of Con	tact:	□ Email		
Phone Number:	er: Email:				
List all other household memb	ers below:				
Name	Date	of Birth	Enrollment Number		
Types of Income Received:					

TANF	\$ Child Support	\$ Tribal Disability	\$
SSI	\$ L&I	\$ GA	\$
Social Security	\$ Employment	\$ Other	\$

Copies of income verifications are required for all income reported above. If there is no income to report a Zero Income Statement will need to be completed by the applicant. Please provide a copy of your PUD bill for proof of residence, along with a copy of your Tribal I.D.

Current heat source:

\Box Wood stove	\Box Pellet stove	□ Baseboard heaters	□ Other:
Date:		Signature:	

I certify that the information contained in this application is complete and accurate to the best of my knowledge. By signing, I agree that the Tulalip Tribes Social Services Division may contact other tribal programs for pertinent information as it applies to this application.

Social Services Division Use Only							
Received by:						Date:	
Meets Eligibility:			□ YES		□ NO:	Reason	
Amount of Funds	Used:		\$				

"The Home Electrification and Appliance Rebates Program is supported with funding from Washington's Climate Commitment Act. The CCA supports Washington's climate supports Washington's climate action efforts by putting cap-and-invest dollars to work reducing climate pollution, creating jobs, and improving public health. Information about the CCA is available at www.climate.wa.gov."