

**Tulalip Tribes HEARS Grant Application
Social Services Division**



First Name: _____ **Last Name:** _____

DOB: _____ **SSN:** _____ **T#:** _____

Physical Address: _____

Mailing Address: _____

Preferred Method of Contact: Phone or Email

Phone Number: _____ **Email:** _____

List all other household members 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:

Wood stove 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:	<input type="checkbox"/> YES	<input type="checkbox"/> 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.”



ATTESTATION OF ZERO INCOME

EVERYONE 18 AND OVER LIVING IN THE HOME, WITH NO INCOME MUST SIGN THIS FORM

Adult #1	
Print Name:	
Date of Birth:	Social Security No.:
Signature:	Date:

Adult #2	
Print Name:	
Date of Birth:	Social Security No.:
Signature:	Date:

Adult #3	
Print Name:	
Date of Birth:	Social Security No.:
Signature:	Date:

Adult #4	
Print Name:	
Date of Birth:	Social Security No.:
Signature:	Date:

Adult #5	
Print Name:	
Date of Birth:	Social Security No.:
Signature:	Date:

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