



SMALL TRIBES ORGANIZATION OF WESTERN WASHINGTON

(253) 589-7101 ext 236 / Fax: (253) 589-7117

SAMISH APPLICATION FOR EMERGENCY FOOD VOUCHER

Program Year 07/2025-06/2027

Please print clearly and complete following information:

XXX-XX

Applicant's Last Four Social Security Number

Date

Name

Samish Indian Nation

Tribe

Mailing Address

Tribal Representative Signature (P.I. or Alternate P.I.)

City, State

Zip Code

County

Store

()

Phone Number

NUMBER IN HOUSEHOLD

(Please use **NUMBERS** for **BOTH COLUMNS**)

Male

Age 0-2

Female

Age 3-18

TOTAL

Age 19-54

Age 55 and over

Household Members

Name(s)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

MARITAL STATUS

HOUSING

ETHNIC ORIGIN

Married
Single

Rental-Not Subsidized
Rental-Subsidized
Own or Buying
Provided/Temporary

Native American (Indian) Alaskan Native
Asian, Asian-American
African American
White, but not Hispanic

I ALSO CERTIFY THE INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I AM SIGNING THIS APPLICATION UNDER PENALTY OF CRIMINAL PROSECUTION IF I KNOWINGLY GIVE FALSE INFORMATION WHICH RESULTS IN PAYMENT TO WHICH I AM NOT ENTITLED.

Applicant's Signature

Date Signed

Please return application to the Samish tribe



Small Tribes Organization of Western Washington
3040 96th Street South
Lakewood WA 98499
(253)589-7101 Fax (253)589-7117

CLIENT RELEASE OF INFORMATION

I, _____ (name of recipient), give _____

(name of tribe) permission to release the following personal information:

This information may be released to the following programs or organizations:

Client Signature

Date

Client Self-Declaration of Income

SELF-DECLARATION OF ELIGIBILITY

This form is required when providing financial assistance or services

Client Name	
Date	

Income: Please describe the amount of your monthly income and how you earn it.

Clients Narrative Source of Income: Income Amount: Frequency of Income:	
Clients Signature	
Housing Signature:	
Date:	