



SMALL TRIBES ORGANIZATION OF WESTERN WASHINGTON

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

SNOHOMISH 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

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

Married
Single

HOUSING

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

ETHNIC ORIGIN

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 Snohomish 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