



SMALL TRIBES ORGANIZATION OF WESTERN WASHINGTON

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

**SNOHOMISH APPLICATION FOR EMERGENCY FOOD VOUCHER**

Program Year **07/2023 - 06/2025**

**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**)

<input type="checkbox"/> Male	<input type="checkbox"/> Age 0-2
<input type="checkbox"/> Female	<input type="checkbox"/> Age 3-18
<input type="checkbox"/> TOTAL	<input type="checkbox"/> Age 19-54
	<input type="checkbox"/> 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 96<sup>th</sup> 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:

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

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\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date