



**TEEPEI: Tribal Energy Efficiency Program through Education & Innovation**  
**Energy Savings Project & Energy Generation Project Application**

**For this application to be processed we need you to submit the following:**

1. A copy of the tribal enrollment card for the tribal member head of household
2. A signed copy of income tax returns, W-2 forms, check stubs, statements, or other verification for all household income sources.
3. A completed W-9 form for Tribal reporting purposes

The information provided in this application will remain confidential within the Grand Ronde Tribal Housing Authority.

ALL APPLICANTS ARE RESPONSIBLE FOR KEEPING THE INFORMATION IN THEIR APPLICATION CURRENT.

**THIS APPLICATION IS SUBJECT TO CURRENT ELIGIBILITY REQUIREMENTS AND AVAILABILITY OF FUNDING AT THE TIME OF SELECTION FOR PROGRAM PARTICIPATION**

**Please return your completed applications to:**

Grand Ronde Tribal Housing Authority  
28450 Tyee Road  
Grand Ronde, Oregon 97347

Phone (503) 879-2401  
Fax (503) 879-5973

[www.grtha.org](http://www.grtha.org)



Grand Ronde Tribal Housing Authority

Energy Savings and/or Energy Generation Project Application

TEEPEI PROGRAM: Tribal Energy Efficiency Program through Education and Innovation

The information in this application is to identify eligible families eligible to participate in the TEEPEI Program. Incomplete information or false statements may result in denial of services. Contact GRTHA if you need assistance filling out this application due to physical or sensory impairments.

A. APPLICANT INFORMATION

1. NAME Last First Middle Maiden Name (if any)

2. Current Address City State Zip County

3. Phone No.: Home ( ) Cell ( )

4. Place of Employment: Work Phone: ( )

E-Mail Address: FAX #: ( )

Best Way to Contact You: Time:

5. Date of Birth 6. Social Security No.:

7. Tribal Affiliation: Roll No.

8. Name of Spouse Last First Middle Maiden, if any

9. Place of Employment: Work Phone: ( )

10. Date of Birth 11. Social Security No.

12. Tribal Affiliation: Roll No.

13. Do you have any unpaid debts owing to the Confederated Tribes of the Grand Ronde or to the Grand Ronde Tribal Housing Authority? If so, what is the debt? \$

**B. FAMILY INFORMATION:** List all other persons living in household on a permanent basis. Start with the oldest and provide Social Security numbers.

<u>Name</u>	<u>Birthdate</u>	<u>Soc. Sec. No.</u>	<u>Relationship</u>	<u>Tribe/Roll No.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**C. INCOME INFORMATION:** List income of all household members 18 years or older:

1. **Earned income:** This includes wages, salary, commissions, or profits, etc.

<u>Name</u>	<u>Monthly Earned Income</u>	<u>Source of Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total monthly earned income:** \$ \_\_\_\_\_

2. **Unearned income:** This includes per capita payments, rental income, child support and alimony, retirement, disability, unemployment, interest, tax refunds, general assistance, etc.

<u>Name</u>	<u>Monthly Unearned Income</u>	<u>Source of Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total monthly unearned income:** \$ \_\_\_\_\_

**TOTAL MONTHLY HOUSEHOLD INCOME (earned & unearned):** \$ \_\_\_\_\_

**D. HOUSING INFORMATION:**

1. Have you or anyone in your household ever received housing assistance from the Grand Ronde Tribal Housing Authority or the Confederated Tribes of Grand Ronde?

(circle one) Yes No *If yes, indicate type of assistance, date and amount.*

2. Has assistance ever been provided by the Grand Ronde Tribal Housing Authority or the Confederated Tribes of the Grand Ronde for **this** house? \_\_\_\_\_

3. Do you own or lease this home and property?

Home: leased / owned (circle one) Land: leased / owned (circle one)

4. Is this home your primary residence? \_\_\_\_\_

5. Is this home located in an area zoned for residential use? \_\_\_\_\_

6. Is the home a: wood frame  mobile home  (year \_\_\_\_\_), other \_\_\_\_\_

7. How many bedrooms? \_\_\_\_\_ How many bathrooms? \_\_\_\_\_

8. Application is for: Energy Saving/Weatherization project  Energy Generation project

9 Provide a brief description of the Energy Saving or Energy Generation project envisioned:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Will you be contributing to the Energy Generation project for matching funds? Yes No

12. How much money do you plan to contribute toward the project? \$ \_\_\_\_\_

*(maximum match portion to \$5,000, not required for base grants)*

I, the undersigned applicant, certify the foregoing information to be true, complete and accurate to the best of my knowledge. I understand the receipt of the TEEPEI Program funds may be considered taxable income in the year received depending on my financial circumstances. I further understand an affordability period applies when IHBG (HUD funding) dollars are used for this program. Recipients may be required to repay part of the assistance, if they sell or transfer title to the home for which they received assistance prior to the expiration of the affordability period (see Section 6(D)(1)(C) of the GRTHA grant policies).

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**ENERGY SAVINGS & ENERGY GENERATION PROJECT**

**APPLICATION ADDENDUM FOR**

**ENERGY EDUCATION SERVICES**

**ENERGY EDUCATION PRODUCTS & SERVICES AVAILABLE:**

**Circle the following Energy Education Products and Services you are requesting:**

Energy Saver Kit

Energy Savings Workshop

Tax Credit and Rebate Information

*Contact GRTHA if you need assistance filling out this application due to physical or sensory impairments.*

**ENERGY EDUCATION APPLICANT INFORMATION:**

NAME \_\_\_\_\_  
Last First Middle

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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- - - THIS AREA FOR GRTHA OFFICE USE ONLY - - -

Household information certified on attached Energy Savings / Energy Generation  
Application for Eligibility Dated: \_\_\_\_\_ By: \_\_\_\_\_

Funding source:  CTGR  HUD  LIHEAP  Other \_\_\_\_\_

Energy Saver Kit Ordered on: \_\_\_\_\_ By:  
\_\_\_\_\_

Sent Tax/Rebate 411: \_\_\_\_\_ By: \_\_\_\_\_

Schedule for Workshop in: \_\_\_\_\_ By: \_\_\_\_\_