



Phone/Message# _____

Community: _____

CHEYENNE RIVER SIOUX TRIBE

ELDERLY APPLIANCE APPLICATION

Name: _____ DOB: _____ Age: _____

Address: _____ CRU#: _____

Marital Status: _____ No. of Dependents: _____ Ages: _____

Spouse: _____ Age: _____ CRU#: _____

Circle One:

- Washer**
- Dryer**
- Water Heater**
- Furnace**
- Refrigerator**
- Gas Stove**
- Electric Stove**

I, hereby authorize the Cheyenne River Sioux Tribe to obtain any necessary information to assist my eligibility for assistance.

SIHA SAPA

OOHENUMPA

Applicant Signature

Date

Approval: _____
Corey Eagle Staff, Support Services Director

Amount