



Phone/Message# _____

Community: _____

CHEYENNE RIVER SIOUX TRIBE

CASH RELIEF ASSISTANCE APPLICATION

Name: _____ DOB: _____ Age: _____

Address: _____ CRU#: _____

Residence Location: _____

Housing: _____ Rental: _____ Mutual Help: _____ Private: _____ Own: _____

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

Spouse: _____ Age: _____ Income: _____

Have you received assistance within 30 days? YES NO

Source of Income of Applicant: _____ Amount: _____

Reason for Assistance: _____

***Must attach appropriate billing. (water, electricity)**

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

Applicant Signature

Date

Denial/Reason: _____

Approval: _____

Corey Eagle Staff, Support Services Director

Amount