



Phone/Message# \_\_\_\_\_

# CHEYENNE RIVER SIOUX TRIBE

## EMERGENCY SHELTER/MOTEL APPLICATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ CRU#: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Source of Income: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

No. of Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_ CRU#: \_\_\_\_\_

Have you received assistance within 30 days? YES NO

Have you applied for housing: \_\_\_\_\_ Entity: \_\_\_\_\_

Reason for Assistance: \_\_\_\_\_

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

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

\*\*\*\*\*

Denial/Reason: \_\_\_\_\_

Referral to New Hope Emergency Shelter: YES NO

Approval: \_\_\_\_\_

(Signature)

(Date)

Vendor: \_\_\_\_\_ (CR Motel - Harding Motel)

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

\*Rules & Requirements of the New Hope Emergency Shelter apply to all applicants.

\*\*All clients pay \$150 per month to Motel/NH Emergency Shelter – must provide receipt to Support Services.