



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

Community: \_\_\_\_\_

Percentage % in tank: \_\_\_\_\_

## CHEYENNE RIVER SIOUX TRIBE

### EMERGENCY HEATING ASSISTANCE APPLICATION

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

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

Location of Residence: \_\_\_\_\_

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: \_\_\_\_\_

Request: PROPANE

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

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

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

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

Vendor: \_\_\_\_\_ (Wood, Propane) \_\_\_\_\_  
(Amount)