



Phone/Message# _____

Community: _____

CHEYENNE RIVER SIOUX TRIBE

CASH RELIEF ASSISTANCE APPLICATION

Name: _____ DOB: _____ Age: _____

Address: _____ CRU#: _____

Residence Location: _____

Living Arrangements: Rent/Own/Living w/others/Homeless

Marital Status: _____ Household Comp: _____

Spouse: _____ Age: _____ Income: _____

Applicant Monthly Income: _____ Amount: _____

Have you received assistance within 30 days? YES NO

Assistance Requested: _____

Water: _____ Lights: _____

Funeral Assistance: _____

Notes: _____

***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: _____

Support Services Director

Amount

Phone/Message# _____

