BIG COULEE DISTRICT
ASSISTANCE APPLICATION

DATE: _____

NAME: _____PHONE:_____

TRIBAL ENROLLMENT NO.:_____

ADDRESS: _____

Are you employed? Yes_____ No_____ Date of Birth: _____

Purpose of Request: Medical_____ Elderly_____ SWE____ Home Repair_____
Energy Assistance_____ Emergency Home Repair_____ Rent/Light Deposit_____
Disabled_____ Moving Expense_____ Emergency Shelter_____ Funeral_____

YOU WILL NEED TO PROVIDE VERIFICATION EITHER AN INVOICE, BILL, ESTIMATE, OR NOTICE FROM THE UTILITY COMPANY, HOSPITAL, CONTRACTOR, EMPLOYER, BUSINESS, OR LANDLORD, ETC. FOR THE PURPOSE OF THIS REQUEST.

Have you contacted other agencies such as Sisseton-Wahpeton Oyate, SW Housing Authority, ET/Demo/TANF, State Social Services or I.H.S. for assistance?
Yes_____ No_____ Name of person contacted: _____

Agency: _____

Signature of Applicant: _____ Date: _____

THIS SECTION TO BE COMPLETED BY DISTRICT EXECUTIVES

This application was approved for:

Medical $_____ Elderly $_____ Energy Assistance $_____ Disabled $_____

Sewer/Water/Electric $_____ Home Repair $_____ Moving Expense $_____

Emergency Home Repair $_____ Rent/Light Deposit $_____

Check No: _____ Date: _____

_____ _____
DISTRICT CHAIRMAN SIGNATURE **DATE**

_____ _____
DISTRICT TREASURER SIGNATURE **DATE**

Revised 4/5/09