

Old Agency District

45644 Veterans Memorial Drive
PO Box 766 ~ Agency Village SD 57262
Phone: (605) 698-7747 ~ Fax: (605) 698-4216

Hardship Application

First Name	Middle Name/Initial	Last Name		
Date of Birth	Social Security Number	Enrollment Number		
Current Mailing Address PO Box/Street	City	State	Zip Code	
Please give the reason you are requesting hardship assistance from the Old Agency District:				

The Old Agency District members are entitled to hardship assistance once per year. The amount you apply for is \$150.00 which would be available on the month of your birthday. The check will be made payable to the district member and mailed or picked up by said member ONLY.

Exceptions to the above statement will be addressed by the District Executive Officers.

Signature

Date

Check Date	Check Number
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