

HEIPA DISTRICT
PO BOX 223 ~ 323 N. LUND ST
VEBLEN, SD 57270

HEIPA DISTRICT REQUEST FORM

Date: _____

Name

Address

City State Zip Code

Phone

Employed ____ Yes ____ No

Source of Income

Name of Employer/Address:

Requesting assistance for: ____ Hardship (\$200.00)

Please describe why you are requesting assistance at this time: _____
_____ your application will not be processed if you do not
attach supporting document(s) and Please attach Tribal Enrollment Document, if
you do not have this document you may contact Zelma Flute at 1-605-698-3911, Ext: 215, to
receive this Document this is your responsibility.

I understand that all amounts given by the Heipa District will be according to the guidelines established. In addition, I understand any falsification of the information I have provided will result in having to pay back the Heipa District or forfeiture of any future District funding entitled to me until the amount is settled in full.

Applicant Signature

PHONE: 605-738-2324

FAX: 605-738-2379