

**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 _____ DISTRICT DAY _____

**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 L.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 \$ _____ District Day \$ _____

Check No: _____ Date: _____

DISTRICT CHAIRMAN SIGNATURE

DATE

DISTRICT TREASURER SIGNATURE

DATE