

Need
ID
Income
Bill

Oglala Lakota Housing Authority
ELDERLY ENERGY PROGRAM

2021

**P.O. Box 603, East Highway 18
Pine Ridge, SD 57770
Ph: (605) 867-5161/ Fax (605)**

Name: _____
 Last **First** **M.I.**

Address: _____

District lived in: _____ Phone Number: _____

Exact directions to your home. _____

List all household members (include self)

	Name	Soc.Security #	Date of Birth
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Type of home you live in: Own Home: _____ Rent: _____ OSLH: _____

Trailer: _____ Other: _____

What types of income do you receive: 1. _____

Amount: _____

2. _____ 3. _____

Amount: _____

Amount: _____

What type of Energy assistance do you need?

(Propane)

(Electricity)

(Wood, if is it the only heat source)

Do you own or rent your tank? _____ If rent from who? _____

Who is your electric company? (Black Hills Electric) (LaCreek Electric)

(NPPD)

C*E*R*T*I*F*I*C*A*T*I*O*N

I certify that all the answers given are true to the best of my knowledge. This Certification is made with the knowledge that the information will be used to determine eligibility to receive Energy Assistance, and that false or misleading statements may constitute Energy Services being discontinued or ineligibility. No record will be communicated to anyone or any agency unless requested in writing by application. (I will cooperate with Tribal, OSLH and Federal personnel should my application become part of a Quality Control Review)

Applicant Signature

Date

Certifier- Oglala Sioux (Lakota) Housing