Oglala Lakota Housing Authority
P.O. Box #603
Pine Ridge, South Dakota 57770
Office 1(605) 867-5161 / Fax 1(605)867-1095 / oslh.org

ELDERLY ENERGY APPLICATION 2026

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 #(HOH Only)**	**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