SEND COMPLETED APPLICATION TO LIHEAP EMAIL:
dbearcatches@standingrock.org &/ awhitebull@standingrock.org

The application cycle for the 2025-2026 season is as follows:

September 15th, 2025 September 29TH, 2025	➢ ELDERLY RESIDENTS MAY APPLY 60+ ➢ ELIGIABLE RESIDENTS
October 31st, 2025	➢ PLEASE HAVE YOUR APPLICATION IN AT THIS TIME.
March 31st, 2026	➢ LAST DAY TO APPLY FOR THE 2026 SEASON. UNLESS DEEMED AN EMERGENCY

Completely answer all questions and attach all required documentation. An incomplete or illegible application may delay the approval process.

A new application with documentation must be submitted each year. Once approved, you are automatically eligible for subsequent assistance disbursed throughout the season.

- ☐ SOCIAL SECURITY CARDS ARE A MUST OR AT LEAST THE NUMBER FOR ALL HOUSEHOLD MEMBERS
- ☐ I.D.'S ARE REQUIRED FOR ALL PERSONS IN THE HOME OVER THE AGE OF 18 YEARS OLD.
- ☐ COURT DOCUMENTS OR PLACEMENT PAPERS IF YOU ARE CLAIMING HOUSHOLD MEMBERS OTHER THAN YOUR IMMEADIATE FAMILY.
- ☐ MEDICAL STATEMENTS/RECORDS/LETTERS VERIFYING DISABILITY (IF APPLICABLE)
- ☐ PROOF OF RESIDENCY SUCH AS LIGHT BILL/RENTAL RECEIPT. (MUST BE IN APPLICANT'S NAME)
- ☐ INCOME VERIFICATION FOR ALL ADULT HOUSEHOLD MEMBERS. IF NO INCOME PLEASE SIGN THE ZERO INCOME DECLORATION FORM ATTACHED ON THE LAST PAGE OF THIS APPLICATION. IF YOU NEED MORE THAN ONE PLEASE ASK FOR ANOTHER FORM.
- ☐ PLEASE HAVE YOUR COMMODITY OR SNAP AWARD LETTER ATTACHED IF FAMILY MEMBER HAS ZERO INCOME.
- ☐ LIHEAP DOES NOT ACCEPT COPY OF TELEPHONE BILLS AS PROOF OF RESIDENTCY.

STANDING ROCK SIOUX TRIBE
APPLICATION FOR ASSISTANCE
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

(Please do not fill out application with Red Ink)

HOUSEHOLD COMPOSITION

H.O.H. NAME: _____

MAILING ADDRESS: _____

PHISICAL ADDRESS: _____

_____

RACE: NATIVE AMERICAN___WHITE___OTHER_____

SEX: **MALE** OR **FEMALE** (PLEASE CIRCLE)

TELEPHONE/MESSAGE #: _____

FOR OFFICIAL USE

_____ APPROVED

_____DISAPPROVED

_____ DATE

_____%_____ FUEL TYPE

VENDOR _____

$_____ AMOUNT

_____

AUTHORIZED LIHEAP REP

LAST NAME:	FIRST NAME:	AGE:	Handicapped Disabled Y or N	D.O.B.	SOCIAL SECURITY #
1.(Self)					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

DO YOU OR ANY HOUSEHOLD MEMBER RECEIVE: (Mark only if you do not have an income)

☐FOOD STAMPS ☐COMMODITIES

HOUSEHOLD INCOME:

PLEASE INCLUDE THE HOUSEHOLD'S **GROSS INCOME** FROM ALL SOURCES. **INCOME MUST BE VERIFIED.** SELF-EMPLOYED INDIVIDUALS, USE LAST YEAR'S TAX RETURN FORMS AND SCHEDULES. FOR ALL OTHER HOUSEHOLDS, USE TOTAL INCOME RECEIVED THE **(12) TWELVE MONTHS** PRIOR TO THE MONTH OF APPLICATION.

SOURCE	LAST 12 MONTHS INCOME
EARNINGS (SELF)	$ _____
EARNINGS (SPOUSE)	$ _____
UNEMPLOYMENT INSURANCE BENEFITS	$ _____
VETERAN'S BENEFITS (V.A.)	$ _____
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)	$ _____
GENERAL ASSISTANCE (G.A.)	$ _____
SOCIAL SECURITY (S.S.)	$ _____
SUPPLEMENTAL SECURITY INCOME (S.S.I.)	$ _____
PENSIONS – ANNUITIES – RETIREMENT	$ _____
CHILD SUPPORT – AILIMONY	$ _____
LEASE INCOME – INTEREST INCOME	$ _____
OTHER INCOME (PLEASE EXPLAIN)	$ _____

_____

_____

CLIENT AFFIDAVIT: ***(Client must read or have this paragraph read to them).*** I consent to the SRST Low Income Home Energy Assistance Program staff may verify any information regarding he above statements.

I understand if I knowingly provide false information I may be fined no more than $10,000 or imprisoned no more than5 years or both.

_____ _____

Signature Date

LIVING ARRANGEMENTS

DO YOU OWN OR RENT YOUR HOME? _____ IF YOU RENT, LIST YOUR LANDLORD: _____

_____

DWELLING TYPE

☐SRHA SUBSIDIZED HOUSING

☐SRHA SCATTERED SITE

☐TRAILER **(Is your Trailer a FEMA trailer? Please circle YES or NO)**

☐HOUSE

☐OTHER (please explain) _____

FUEL TYPE AND SUPPLIER (CHOOSE ONE ONLY) LIHEAP ASSIST WITH ONLY YOUR MAIN SOURCE OF HEAT)

FUEL TYPE:

☐ **LP GAS (PROPANE)**

☐ **FUEL OIL (#1 OR 2)**

☐ **ELECTRICITY**

☐**WOOD**

☐**COAL**

☐**KEROSENE**

HOME ENERGY SUPPLIER:

☐ **STANDING ROCK LP**

☐ **CENEX OF SELFRIDGE**

☐ **MOBRIDGE GAS**

☐ **MOREAU-GRAND ELECTRIC (TIMBER LAKE)**

☐ **MOR-GRAN-SOU (FLASHER)**

☐ **CITY OF MCLAUGHLIN**

STANDING ROCK SIOUX TRIBE
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
INFORMATION RELEASE FORM

NAME:_____ **SS#**_____

ADDRESS:_____ **D.O.B.**_____

CITY, STATE & ZIP CODE:_____

I authorize the Low Income Home Energy Assistance Program staff to inquire about my income. This information is to be used to determine my eligibility to participate in the program.

X_____
(Signature of Applicant)

TO AGENCY:_____ **FROM:**_____
(LIHEAP Staff)

The above named individual has indicated he/she is receiving assistance or benefits from one of the following:

_____ **Veterans Admin. VA**	**$**_____**How often?**_____
_____ **Social Security Admin. (SSA)**	**$**_____**How often?**_____
○ **Annuities**	
○ **Pension**	
○ **Retirement**	
_____ **Unemployment**	**$**_____**How often?**_____
_____ **General Asst. (GA)**	**$**_____**How often?**_____
_____**TANF**	**$**_____**How often?**_____

Agency Name & Title:_____ **Address:**_____

Thank you for your prompt consideration on this matter.

Declaration of Zero Income Form

Each adult (ages 18+) household member reporting no income (zero income) is required to complete the form below.

I, _____, am unable to provide the documentation
Head of Household/ Adult Household Member

necessary for proof of income.

The reason I have had no income is as follows: (CHECK ONE)

- ☐ STILL IN HIGH SCHOOL
- ☐ NO TRANSPORTATION
- ☐ NO JOBS AVAILABLE
- ☐ NO CHILD CARE
- ☐ OTHER (please state)_____

I have been meeting my basic living needs for food, shelter and utilities in the following way:

Food: _____

Shelter: _____

Utilities: _____

I certify the information contained above is true, complete, and correct to the best of my knowledge. I understand inquiries may be made to verify this statement herein and authorized the LIHEAP Program to do so. I do understand false or exclusions are forms for disqualification and/or may be prosecuted under current laws for accepting fuel assistance for which I am not eligible.

I understand this agreement will last one (1) year, at which time I will be required to either provide the necessary documentation or renew this agreement

_____ _____
Signature of Head of Household/Adult Household Member Date

_____ _____
Signature of LIHEAP Representative Date