



Rosebud Sioux Tribe

Low Income Home Energy Assistance Program
P. O. Box #430
Rosebud, South Dakota 57570
Phone (605)747-5273 - Fax (605)747-5260

LORI WALKING EAGLE
Director
STEPHANIE NIGHT PIPE
Assistant Director
SHARON SWIFT
Intake specialist
MIRANDA ROMERO
Energy Conservation/data clerk

2025 Heating Season Application

Name: _____

Mailing address: _____

Directions to house: _____

Phone number: _____ Community: _____

Type of residence: Trailer SWA Transitional Apartment Sioux 400
Walking Shield IHS School Gov. House BIA Mutual home

House#: _____ Own: _____ Rent: _____ Landlord: _____

Electric Company: _____ Electric Acct: _____

DOCUMENTS NEEDED TO COMPLETE APPLICATION

Application must be complete and turned in by the last working day of each month in order to receive assistance for the following month

_____ Tribal Abstract or Tribal ID for Head of Household.

_____ ALL household member's birthdates and Social Security numbers.

_____ ALL household member's Income Verification

*If zero income, attach verification from GA, DSS, or Commodity Program verifying your HH reports zero income and/or that your HH does not participate on their programs.

_____ Electricity bill must be in applicant's name (even if applying for propane)

----- Directions to home/E-911Address

Received by: _____

Date: _____

Circle one

Electricity

Propane

Wood

Fuel Oil

*** HOUSEHOLD INFORMATION ***

LIST ALL HOUSEHOLD MEMBERS, INCLUDING SELF.

Please list additional household members on separate paper.

NAME	AGE	Handicapped disabled	DOB	Tribal enrollment	Social Security Number
1(self)					
2					
3					
4					
5					
6					
7					
8					
9					
10					

INCOME

ALL HOUSEHOLD MEMBERS (attach verification)

Must reflect 3 months prior to application date

	Amount \$		Amount \$
Salary: wkly Biwly seasonal		Social Security	
Unemployment		SSI	
Veterans Benefits		Retirement	
TANF		Other	
General Assistance (GA)		No Income	

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

I understand that if I knowingly provide false information, I may be fined no more than \$10,000 or imprisoned no more than 5 years or both.

Signature

Date

INELIGIBLE (see attached) _____

ELIGIBLE FOR \$ _____

Certified by: _____

Date: _____



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FY 2025 HEATING SEASON REQUEST/RELEASE OF INFORMATION

I hereby authorize the Rosebud Sioux Tribe LIHEAP Program to request and or release any and all information pertaining to all individuals listed on my application regarding assistance from your program for verification.

By signing this Release of Information, I will not hold the RST LIHEAP Program, Director, staff and programs liable for any disclosure of information shared for program purposes.

ADDRESS: _____ PHONE #: _____

Applicant Head of Household Signature Printed Name Date

Other Adult Signature (18+ yrs.) Printed Name Date

Other Adult Signature (18+ yrs.) Printed Name Date

Other Adult Signature (18+ yrs.) Printed Name Date

Other Adult Signature (18+ yrs.) Printed Name Date

Other Adult Signature (18+ yrs.) Printed Name Date

I, authorize _____ as my representative to request and/or act on my behalf.

Authorized representative's phone number: _____.

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FY 2025 HEATING SEASON Zero Income Statement

I/We, the undersigned below, verify that the signed Adults (18+ yrs.), who reside in my household, do not receive TANF/Adoption income, GA income, SSA/SSI income, Unemployment benefits, or any other type of income.

_____	_____	_____
Applicant Head of Household Signature	Printed Name	Date
_____	_____	_____
Other Adult Signature (18+ yrs.)	Printed Name	Date
_____	_____	_____
Other Adult Signature (18+ yrs.)	Printed Name	Date
_____	_____	_____
Other Adult Signature (18+ yrs.)	Printed Name	Date
_____	_____	_____
Other Adult Signature (18+ yrs.)	Printed Name	Date
_____	_____	_____
Other Adult Signature (18+ yrs.)	Printed Name	Date

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