

OTLALA SIOUX TRIBE  
COVID-19 FURNACE AND ELECTRICAL ASSISTANCE

**APPLICATION AND CERTIFICATION FORM – FURNACE AND ELETRICAL ASSISTANCE TO FACILITATE COMPLIANCE WITH  
PUBLIC HEALTH MEASURES TO PREVENT, PREPARE, AND RESPOND TO COVID-19**

Name of Applicant \_\_\_\_\_ District \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Number of Household Members \_\_\_\_\_

Names of Household Members \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you or anyone in your household able to pay for the items for which you are requesting assistance? Y / N

Description of COVID-19-Related Job Loss, Income Loss, or Income Insecurity \_\_\_\_\_

Description of Furnace / Electrical Conditions Rendering the Home Uninhabitable or Substandard \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I am requesting the following assistance: \_\_\_\_\_ Furnace \_\_\_\_\_ Electrical

---

I hereby certify the following (initial each line):

\_\_\_\_ I am in need of furnace and/or electrical assistance due to the COVID-19 public health emergency.

\_\_\_\_ I, the applicant, am the homeowner.

\_\_\_\_ Any assistance I receive from will be expended only on the furnace and/or electrical assistance the Oglala Sioux Tribe deems necessary to prepare for, prevent, and respond to the COVID-19 public health emergency, including compliance with public health measures.

\_\_\_\_ I understand this application does not create an entitlement to receive assistance and that the Oglala Sioux Tribe reserves the right to withhold any assistance it deems unnecessary.

\_\_\_\_ The information contained in the application and certification form is true and accurate in all material respects, and the applicant understands that knowingly making a false statement to obtain utility assistance from the COVID-19 Home Repair Assistance Program is punishable under the law

OGLALA SIOUX TRIBE  
COVID-19 FURNACE AND ELECTRICAL ASSISTANCE

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_