



**HOT WATER TANK  
APPLICATION FOR ASSISTANCE**

Today's Date: \_\_\_\_\_ CDIB# \_\_\_\_\_

Name: \_\_\_\_\_ (Maiden) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address NO PO BOXES City State Zip Code

D.O.B. \_\_\_\_\_ Phone# \_\_\_\_\_ WK# \_\_\_\_\_

**Type of assistance requested: Hot Water Tank [ ]**

**State Problem:** \_\_\_\_\_

**Must provide documentation of Home Ownership or documentation of Purchasing.  
Homeowner must be an enrolled Tribal Member with CDIB card.  
All documentation to be included with application. If the amount for the tank and installation exceeds the \$500 allowable for O&M Services' the remaining balance is to be paid from the Direct Client Services line item.**

**Reimbursement:** Original Receipt must be turned in at time of application submission along with any supporting documentation.

Request Payments Be Made To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Client or Guardian \_\_\_\_\_ Date \_\_\_\_\_

I understand that all payments will be made in the name of the Vendor and I will supply any supporting documentation required to process payment.

**Vendor Information:**  
Request Payments Be Made To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

**(FOR OFFICE USE ONLY) modified 05/03/2018**

Application Receive On: \_\_\_\_\_ Application Complete On: \_\_\_\_\_  
Enrollment Verified: \_\_\_\_\_ Verifying Official: \_\_\_\_\_  
Eligibility Verified: \_\_\_\_\_ Follow-up Phone call: \_\_\_\_\_  
Approved By: \_\_\_\_\_ Disapproved By: \_\_\_\_\_  
Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_