



OPERATION AND MAINTENANCE APPLICATION FOR ASSISTANCE

Today's Date: _____ CDIB# _____

Name: _____ (Maiden) _____ HEAD OF HOUSEHOLD

Address: _____ Street Address NO PO BOXES City State Zip Code

D.O.B. _____ Phone# _____ WK# _____

Type of assistance requested: (Please check type of assistance) PLUMBING [] SEPTIC TANK PUMPING []

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. Any amount over \$500.00 will be need to be made by homeowner.

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

Request Payments Be Made To: _____

Address: _____ City: _____ 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 06/04/20

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