



Phone/Message# _____

CHEYENNE RIVER SIOUX TRIBE

EMERGENCY SHELTER/MOTEL APPLICATION

Name: _____ DOB: _____ Age: _____

Address: _____ CRU#: _____

Marital Status: _____ Source of Income: _____

Spouse Name: _____ DOB: _____ Age: _____

No. of Dependents: _____ Ages: _____ CRU#: _____

Have you received assistance within 30 days? YES NO

Have you applied for housing: _____ Entity: _____

Reason for Assistance: _____

I, hereby authorize the Cheyenne River Sioux Tribe to obtain any necessary information to support our eligibility for assistance.

Applicant Signature

Date

Denial/Reason: _____

Referral to New Hope Emergency Shelter: YES NO

Approval: _____
(Signature) (Date)

Vendor: _____ (CR Motel - Harding Motel)

Beginning Date: _____ Ending Date: _____

*Rules & Requirements of the New Hope Emergency Shelter apply to all applicants.
**All clients pay \$150 per month to Motel/NH Emergency Shelter – must provide receipt to Support Services.