



PONCA TRIBE OF NEBRASKA

Department of Social Services

Heating Aid Assistance

Name _____ Enrollment # _____
 Address _____ City _____ State _____ Zip _____
 Number of Members in Household: _____ County _____
 Telephone _____ Social Security # _____ D.O.B. ____/____/____

Members of Household	Enrollment #	Date of Birth	Relationship

Heating Assistance Payable to (Please attach a recent bill)		
Name of Fuel Provider		
Address		
City	State	Zip
Account #		
Payment in the amount of \$200 will be made to the above account. PLEASE ALLOW 30 TO 45 DAYS FOR THE PAYMENT TO BE POSTED ON YOUR ACCOUNT!!!		

My signature below verifies my need for Heat Aid assistance and that the above information is true to the best of my knowledge.

Applicant Signature _____ Date ____/____/____

Referring Staff _____ Date ____/____/____

Approved _____ **Denied** _____

If application is denied, state reason below

Director of Social Services **Approved** _____ **Denied** _____

Signature _____ Date ____/____/____

Check Request Dated ____/____/____