



**BIA POTABLE WATER GRANT (ARPA)  
 FSST HOUSING DEPARTMENT  
 BOX 328, 100 ALLEN AVENUE  
 FLANDREAU, SD 57028 (605)997-2194  
[HOUSING@FSST.ORG](mailto:HOUSING@FSST.ORG)**

**APPLICATION FOR BIA POTABLE WATER ASSISTANCE**

**1. Applicant Information:**

<b>Name</b>	<b>Date</b>
<b>Address</b>	<b>Telephone Number</b>
<b>Marital Status</b>	<b>Tribal Enrollment Number</b>
<b>Email</b>	

**2. Household Information:**

**A. Persons who live in your home:**

<b>Family No.</b>	<b>Name of Family Member</b>	<b>Relationship</b>	
		<b>SELF</b>	

**B. Income: Taxable Income**

<b>Family Member No.</b>	<b>Name</b>	<b>Gross Monthly Income</b>	<b>Source (employment, social security, pension)</b>
		<b>SELF</b>	

**3. Have you had a change in your household income due to COVID-19?**

**Check one:**                      **Yes**                      **No**

**4. Have you or anyone in your household been affected by COVID-19?**

**Check one:**                      **Yes**                      **No**

**If yes, please explain:**

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**Who do you receive your water services from?**

**Check one:**                      **Big Sioux Water**                      **City of Flandreau**                      **City of Colman**

**Other:** \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR WATER BILL TO THIS APPLICATION.**

**Signature:**

<p>I hereby certify that I am at least 18 years of age. Applicant represents that all information given on this application is true and correct. Applicant hereby authorizes verification of all references and facts, including but not limited to current employers, and sources of income. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing which may result in denial of eligibility. Applicant hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information.</p>	
<p>I understand that this application is not a contract and is not binding in any manner. I hereby authorize the Housing Department to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform the Housing Department if there is any change of address. This application is valid for 24-months from date received.</p>	
Applicant Signature: _____	Date: _____
Applicant Signature: _____	Date: _____
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Date Application was received by FSSTHD, \_\_\_\_\_ Received by: \_\_\_\_\_