

Adult Financial Assistance Application

Long Hollow District
PO Box 555
Agency Village SD 57262
Email: longhollowdistrict@outlook.com
Phone: 605-698-4005
Fax: 605-698-7779

Today's Date: _____ Phone #: _____

Name: _____

Address: _____

I am requesting assistance for: _____ Year: _____

Funeral Assistance

Hardship - DOB: _____

Other _____

Please describe why you are requesting assistance:

(Applicant's Signature)

Date: _____ Check #: _____ Amount Received: \$ _____

Fund Name: _____ Fund Account Number: _____

(Executive Signature)

(Executive Signature)

Date: _____

(Signature of Recipient)

**Must have documentation attached Mailed Date: _____

**Need prior approval from applicant & signed letter if you are picking up someone else's check **Checks will be mailed out on Fridays if not picked up, remember to include your address.