



RED CLIFF CHIPPEWA HOUSING AUTHORITY

37645 New Housing Road Bayfield, WI 54814
(715) 779-3744 (715) 779-5044 Fax

Aged Appliance Replacement Program Application

When submitting application please include the following:

- Copy of tribal ID
- Proof of annual income
- Proof of Homeownership
- Pictures of appliance

Applicant Information

Full Name:	<input type="text"/>	<input type="text"/>	Date of birth:	<input type="text"/>
	Last	First		
Address:	<input type="text"/>			<input type="text"/>
	Street Address			Apartment/Unit #
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	ZIP Code	
Phone:	<input type="text"/>		Email	<input type="text"/>

How many members living in household?

Are you a US citizen? Yes ☐ No ☐

Are you a Red Cliff Tribal Member? Yes ☐ No ☐

What appliance are you applying for? (please check one)

Refrigerator ☐ Stove ☐ Furnace ☐ Hot Water Heater ☐

What is the age of appliance?

What is the serial number of the appliance (if available)?

What is the problem with the appliance?

Applicant Name	Source of Income	Amount	Frequency
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.
I understand that false or misleading information in my application may result in denial of application.

Click or tap here to

Signature: Click or tap here to enter text.

Date: enter text.