



also known as:  
Northeast South Dakota Community Action Program  
Northeast South Dakota Economic Corporation

104 Ash Street East, Sisseton, SD 57262  
Phone (605) 698-7654 Fax (605) 698-3038 info@growsd.org

Attached you will find an application which may be used for the weatherization assistance program, home improvement forgivable loan programs and emergency furnace assistance. If you are interested in receiving assistance at your home, return the requested information to the address above.

**All requests for assistance**

- ✓ Completed application signed by applicant and co-applicant – all household occupants must be listed.

**Home Improvement Forgivable Loan**

- ✓ Income for ALL household members must be verified.
  - 1) Each adult in the household who is employed must complete the employment inquiry form. If you hold more than one job, additional forms for each employer must be signed. Only complete the top half (excluding date) and send the form back to GROW SD. We will send it to your employer to complete the bottom half.
  - 2) Copy of most recent income tax return, including all schedules.
  - 3) If self-employed, a copy of the last 2 years income tax returns, including all schedules.
  - 4) Social Security, SSI, Disability, Child Support
- ✓ Attached employment and income authorization forms.
- ✓ Copy of your current property tax receipt.
- ✓ Current copy of the deed to the property proving ownership (rentals are not eligible for this program).

**Weatherization Assistance Program**

- ✓ Proof of Homeownership
- ✓ Proof of Income as listed above if not on the current State Fuel Assistance Program.

**Emergency Furnace Assistance**

- ✓ Proof of Homeownership (rentals are not eligible for this program).

If you have any questions, feel free to contact our agency.

Sincerely,

*Sandy Leiseth*  
Sandy Leiseth  
Housing Officer



# Summary of Housing Programs: GROW South Dakota Sisseton, SD

## Weatherization Assistance Program

The home, as well as the applicant, will need to meet criteria for this program. It is the discretion of GROW South Dakota to cancel an application if the rehabilitation is not considered feasible.

- This program is in the form of a grant, there is no financial obligation to the applicant unless the applicant moves or sells the property within 2 years.
- If your home has received weatherization services after September 30, 1994, it will not be eligible for this program.
- Rental units can be eligible if they meet the DOE requirements. The landlord is responsible for 33.3% of the total cost unless the homeowner's income falls below 200% of the poverty income guidelines. There is additional paperwork that needs to be completed by the homeowner and applicant, prior to any approval for rental units.
- Ownership must be verified. A copy of the deed, contract for deed or property tax receipt must accompany the application. Ownership for mobile homes will need to be a copy of the title.
- A home audit is conducted by the GROW South Dakota Energy Auditor. Information is obtained and installed in the NEAT/MHEA computer program. This program will determine what measures, if any, are to be installed on the home.

Energy saving measures to be considered may include but are not limited to:

1. Insulation, proper ventilation.
2. Air infiltration measures, weather strip, glass replacement, foam sealant, caulk.
3. Minor health and safety measures, furnace clean and tune, water heater replacement.
4. Pressure balancing.
5. Furnace replacement/repair.
6. Minor repairs that will reduce energy consumption.

## Home Improvement Forgivable Loan Program

Provided the cost of the job does not exceed program limitations, home rehabilitation work may include but is not limited to:

- Roof repair/shingles
- Siding
- Plumbing
- Minor foundation repair
- Wiring

The home, as well as the applicant, will need to meet criteria for this program. It is the discretion of GROW South Dakota to cancel an application if the rehabilitation is not considered feasible. The applicant must be listed as an owner on the deed for the home, and it must be their primary place of residence. The program is in the form of a forgivable loan. A deed restriction/mortgage is placed on the home for five years and is reduced by 1/60<sup>th</sup> each month the home remains as the applicant's primary residence and is not sold, transferred or rented. Repayment will be required if any of these residential criteria are no longer applicable.

### **Below is a list of program regulations:**

- The applicant must own the home. It cannot be a rental unit. The deed must include the applicant's name as the owner of the property.
- Typically, GROW SD focuses on one major project per home.
- Mobile homes are not eligible for this program, unless it is on a permanent foundation and taxed as real estate property.
- The applicant and all current household members must be income eligible. Eligibility is based on the combined income from all household members.
- This program is in the form of a forgivable loan. A deed restriction/promissory note/mortgage is placed on the home for five years. All names listed on the deed will be required to sign the deed restriction/promissory note/mortgage.
- The maximum allowable cost on the home is dependent on funding. GROW SD will charge a fee for general contracting/developer/ work from this funding.
- Actual verification of income, a copy of the deed, and the most recent property tax receipt must be sent with the application.
- Property taxes for the residence must be current.
- Must not currently have a deed restriction/mortgage on the property with the same fund source.
- The income limits for the majority of the GROW SD service areas are as follow:

<u>Family Size</u>	<u>SD Maximum Income</u>	<u>ND Maximum Income</u>
1 – 2	\$32,350.00	\$37,150
3 – 4	\$37,203.00	\$42,723

\*\*\*Income limitations vary by household size, county, state and funding source. All programs are dependent on funding availability. For more information, you may contact GROW South Dakota at 104 Ash St. East, Sisseton SD 57262 or call (605) 698-7654.

**GROW SOUTH DAKOTA is an Equal Housing Opportunity**



# GROW South Dakota

104 Ash Street East, Sisseton, SD 57262  
605-698-7654, www.growsd.org

- WEATHERIZATION ASSISTANCE PROGRAM
- EMERGENCY FURNACE REPAIR/REPLACEMENT PROGRAM
- HOME IMPROVEMENT FORGIVABLE LOAN PROGRAM

## TELL US YOUR ADDRESS

<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
<b>Residence Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
<b>Provide directions – use landmarks</b>				
<b>Home phone number</b>	<b>Work phone number</b>		<b>Cell phone number</b>	
<b>Other phone number where message may be left</b>			<b>Email Address</b>	

## TELL US WHO LIVES IN THE HOME (LIST ALL HOUSEHOLD MEMBERS)

\*You are not required to furnish race or gender information.

(W=White, A=Native American, B=Black, H=Hawaiian, O=Asian, S=Hispanic or Latino)

Name First	MI	Last	Social Security #	Date of Birth	*Race	*Sex	Disabled	Grade level completed	Insurance	Veteran
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Health <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Health <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Health <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Health <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Health <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Health <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Health <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Health <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Health <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No

## TELL US ABOUT INCOME

Enter GROSS INCOME (amount before deductions) such as \*Wages, \*Self-employment, \*Alimony, \*Social Security, \*SSI, \*SSI State Supplement, \*BIA GA, \*TANF, \*Unemployment, \*Worker's Compensation, \*Veteran's Benefits, \*Retirement, \*Pensions, \*Annuities, \*Dividends, \*Rental Income, \*Tribal Lease or \*Per Capita Income, \*ADC, \*TANF, \*Child Support, \*Net Gambling or Lottery Winnings, and \*all other sources of income FOR ALL PERSONS IN THE HOME

### Income:

Person with income:	List type of income:	Date Received	Gross Amount \$
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

## TELL US ABOUT THE HOME

1. This is a

- House: Number of stories:    1   2   3  
 Built before 1978?            Yes   No  
 Age of home: \_\_\_\_\_  
 Permanent basement?    Yes   No
- Mobile Home: Serial Number or Title Number \_\_\_\_\_
- Apartment

6. Is the problem with:

- Plumbing                    Roofing  
 Electrical                   Siding  
 Heating                     Other Please List: \_\_\_\_\_

2. Do you currently own or are you buying the home?

- Yes    No   If yes, purchased from \_\_\_\_\_  
 is this a contract for deed?    Yes    No  
 is the residence for sale?       Yes    No  
 is there homeowners insurance? Yes    No  
 is home located in a flood zone? Yes    No

7. What type of Siding do you have?

- Vinyl                             Steel  
 Wood                            Masonite  
 Stucco                          Other: \_\_\_\_\_

8. The home has unhealthy conditions relating to:

- Lead-Based Paint (home built before 1978)  
Mold/Mildew                 Sewage Fumes  
Asbestos                       Chemical/Smoke Fumes  
 Other                            Not aware of unhealthy conditions

*If you own the home, please **attach** a copy of the real estate tax notice and the deed to the property.*

If rent, Name of Landlord: \_\_\_\_\_  
 Landlord address: \_\_\_\_\_  
 Landlord's phone: \_\_\_\_\_

3. Is the home currently being remodeled/or will be within the next 6 months.    Yes    No

4. Has the home ever been weatherized?  
Yes    No    Unsure   If yes, who did the weatherization? \_\_\_\_\_

5. The home is heated with:

- Natural Gas    Electric                    Wood  
 Fuel Oil            Kerosene                  Coal  
 Propane/Bottled Gas

Have you ever received a forgivable loan or down payment assistance through another Affordable Housing Project such as, Homes are Possible Inc. (HAPI), Home Ownership Assistance Program (HOAP), Northeast South Dakota Community Action Program (NESDCAP), Opportunities for Independent Living (OIL), South Dakota Housing Development Authority (SDHDA) or Sisseton-Wahpeton Oyate?  
 Yes                             No

**PLEASE READ THE FOLLOWING INFORMATION**

**Privacy Act Information:** This information will be used to determine your eligibility for the program. In addition, this information may be used for investigative or prosecutorial proceedings in the event of fraudulent claims or statements. If you refuse to provide the information requested on this application, your home will not be considered for assistance. No information on this application is made available to the general public. This authorization is given only in connection with its use by GROW South Dakota in its administration of its programs and for no other purpose. It shall continue in effect until such time as I state, in writing, to GROW South Dakota.

**By my signature below**

- ⇒ I authorize the agency to make any necessary contacts to verify any aspect of eligibility.
- ⇒ I authorize investigation of past, present and future heating costs in order to evaluate the effectiveness of the Weatherization program.
- ⇒ I authorize employees of GROW South Dakota to perform, monitor and inspect work.
- ⇒ I authorize Office of Energy Assistance and Weatherization staff of the Department of Social Services to monitor to ensure quality Weatherization work.
- ⇒ I agree to report if the home is scheduled for acquisition or clearance by a Federal, State or local program within 12 months from the date Weatherization work is scheduled.
- ⇒ I authorize any person, agency or institution to supply information requested by GROW South Dakota concerning me or my family and to allow reproduction of records in their possession pertaining to me or my family by a duly authorized representative of GROW South Dakota.
- ⇒ I understand that any false statement made in this application is legal grounds for prosecution by any agency of the government using this application as a basis for assistance and certify, under penalty of perjury, the truth of the information in this application.
- ⇒ I have furnished this application information to the best of my knowledge and by this signature approve and verify it.
- ⇒ Any misrepresentation regarding this information may lead to the recapture of the total amount of funds allocated to each project.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Co-Applicant Signature Date

**AGENCY USE ONLY**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Approved by Date Approved

# in Household: \_\_\_\_\_ Total Income: \_\_\_\_\_ Maximum Allowable Income \_\_\_\_\_



Home Improvement Programs

\*\*Please check all types of income that you currently receive\*\*

- Unemployment Compensation
Cash benefits
Social Security
Supplemental Security Income (SSI)
Workers Compensation
Veterans Benefits
Pension/Annuities
Child support
Wage Income (Please list all sources)
Self Employment Income
Please list any other income:

I fully understand that it is a Federal crime, punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

- Did you file a 2014 income tax return?
Yes \_\_\_ No \_\_\_ if no, please explain:

Applicant Signature (Date)

This section is for the co-applicant if more than one adult is in the household.

\*\*Please check all types of income that you currently receive\*\*

- Unemployment Compensation
Cash benefits
Social Security
Supplemental Security Income (SSI)
Workers Compensation
Veterans Benefits
Pension/Annuities
Child support
Wage Income (Please list all sources)
Self Employment Income
Please list any other income:

I fully understand that it is a Federal crime, punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

- Did you file a 2014 income tax return?
Yes \_\_\_ No \_\_\_ if no, please explain:

Co-Applicant Signature (Date)



**GROW South Dakota**  
 104 Ash St. E., Sisseton SD 57262  
 PH: 605-698-7654; FAX – 605-698-3038

EMPLOYMENT INQUIRY

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
 (Employer's Name and address)  
 \_\_\_\_\_  
 \_\_\_\_\_

SUBJECT: \_\_\_\_\_  
 (Employee's Name and address)  
 \_\_\_\_\_  
 \_\_\_\_\_

The employee named above has applied for assistance through GROW South Dakota. The information requested below is for the purpose of determining eligibility and will be kept in STRICT CONFIDENCE. Thank you for your cooperation in returning this form by \_\_\_\_\_, 20\_\_\_\_ to the above address or FAX:

Sincerely,

Dustin Bragg, Home Improvement Coordinator

I hereby authorize my employer to release the requested information.

\_\_\_\_\_  
 (Signature of Applicant)

\_\_\_\_\_  
 (Date)

PRESENTLY EMPLOYED-To be completed by Employer

1. Date of employment: \_\_\_\_\_ 2. Present Position: \_\_\_\_\_  
 3. Probability of Continued employment: \_\_\_\_\_  
 4. Current **Gross** Base Pay (Enter Amount and Check Period)  
     \_\_\_\_\_ Annual      \_\_\_\_\_ Hourly      \_\_\_\_\_ Hourly Wage/Annual Salary  
     \_\_\_\_\_ Monthly      \_\_\_\_\_ Weekly      \_\_\_\_\_ Other (Specify)

5. Gross Earnings

Type	Year to Date	Past Year 2014	Past Year 2013
Base Pay	Thru _____ \$ _____	\$ _____	\$ _____
Overtime	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Bonus	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

6. If Overtime or bonus is applicable, is its continuance likely?

Overtime    \_\_\_ Yes    \_\_\_ No

Bonus        \_\_\_ Yes    \_\_\_ No

7. If paid hourly – average hours per week: \_\_\_\_\_ Hrs/week

8. Date of applicant's next pay increase: \_\_\_\_\_

9. Project amount of next pay increase: \_\_\_\_\_

10. Date of applicant's last pay increase: \_\_\_\_\_

11. Amount of last pay increase: \_\_\_\_\_

DATE: \_\_\_\_\_

Signature of Employer: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Title: \_\_\_\_\_