



104 Ash Street East, Sisseton, SD 57262

Phone (605) 698-7654 Fax (605) 698-3038  
Website: [www.growsd.org](http://www.growsd.org) Email: [info@growsd.org](mailto:info@growsd.org)

This program is intended to assist low-income individuals and families who **are currently disconnected, or at risk of having their water/wastewater services disconnected** due to an unpaid bill. Households that are currently eligible for Energy Assistance are income eligible for this program, as long as the household income hasn't changed. If you are not eligible for Energy Assistance, please supply the most recent 30 days/4 weeks of income.

To apply, you need to:

1. Complete the enclosed application, signed by all adult household members, submit income, if needed.
2. Take the Water/Wastewater form to your provider to complete.
3. Return all completed forms to our agency, including the form from your service provider and the most recent copy of your bill.
4. If you are not on energy assistance, you will need to supply documentation of income for ALL HOUSEHOLD members.

By completing the enclosed application, you are **only applying** for assistance with your water/wastewater bill. This assistance cannot help with any costs associated with garbage pickup.

If you have any questions, please contact GROW SD (605) 698-7654 or [info@growsd.org](mailto:info@growsd.org).



# Application for assistance with Water/Wastewater

<b>Head of Household</b>					
Last Name		First Name		Middle Initial	
Date of Birth		Social Sec. #		Gender	
Address:					
Mailing Address:					
Phone:			Message Phone:		
Email Address:			County:		
Insurance Type		None <input type="checkbox"/>		Employer Sponsored Health Insurance	
				yes <input type="checkbox"/> no <input type="checkbox"/>	
Medicare	yes <input type="checkbox"/>	no <input type="checkbox"/>	Medicaid	yes <input type="checkbox"/>	no <input type="checkbox"/>
I.H.S	yes <input type="checkbox"/>	no <input type="checkbox"/>	CHIP	yes <input type="checkbox"/>	no <input type="checkbox"/>
Veteran	yes <input type="checkbox"/>	no <input type="checkbox"/>	Active Military	yes <input type="checkbox"/>	no <input type="checkbox"/>
Hispanic/Latino	yes <input type="checkbox"/>	no <input type="checkbox"/>	Race		
Education Level	0 - 8 <input type="checkbox"/> 9 - 12 (non grad) <input type="checkbox"/> HS Grad or GED <input type="checkbox"/> Some College <input type="checkbox"/> College Grad <input type="checkbox"/>				

<b>Relation:</b>		Spouse <input type="checkbox"/>		Child <input type="checkbox"/>		Parent <input type="checkbox"/>		Other <input type="checkbox"/>	
Last Name		First Name		Middle Initial					
Date of Birth		Social Sec. #		Gender					
Insurance Type		None <input type="checkbox"/>		Employer Sponsored Health Insurance		yes <input type="checkbox"/>		no <input type="checkbox"/>	
						yes <input type="checkbox"/>		no <input type="checkbox"/>	
Medicare	yes <input type="checkbox"/>	no <input type="checkbox"/>	Medicaid	yes <input type="checkbox"/>	no <input type="checkbox"/>				
I.H.S	yes <input type="checkbox"/>	no <input type="checkbox"/>	CHIP	yes <input type="checkbox"/>	no <input type="checkbox"/>				
Veteran	yes <input type="checkbox"/>	no <input type="checkbox"/>	Active Military	yes <input type="checkbox"/>	no <input type="checkbox"/>				
Hispanic/Latino	yes <input type="checkbox"/>	no <input type="checkbox"/>	Race						
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Date of Birth		Social Sec. #		Gender					
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						yes <input type="checkbox"/>		no <input type="checkbox"/>	
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Number of adults in house?	Number under 18 in the house?
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<b>Relation:</b>	<b>Spouse</b> <input type="checkbox"/>	<b>Child</b> <input type="checkbox"/>	<b>Parent</b> <input type="checkbox"/>	<b>Other</b> <input type="checkbox"/>
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**Enter GROSS INCOME (amount before deductions) for all Types of Income:** \*Wages, \*Self-employment, \*Alimony, \*Social Security, \*SSI, \*SSDI, \*BIA GA, \*EITC, \*TANF, \*Unemployment, \*Worker's Compensation, \*Retirement, \*Pensions, \*Annuities, \*Dividends, \*Rental Income, \*Tribal Lease or \*Per Capita Income, \*AFDC, \*TANF, \*Child Support, \*Net Gambling or Lottery Winnings, \*VA Disability Compensation or VA Pension, and \*all non-cash benefits: SNAP; WIC; LIHEAP; Housing Choice Voucher; Public Housing; Permanent Supportive Housing; HUD-VASH; Childcare Voucher; Affordable Care Act Subsidy; or Other . **FOR ALL PERSONS IN THE HOME.**

**WORK STATUS:** A=full time;b=part time;c=Migrant Seasonal Farm Worker; D=unemployed 6 mo.or less; E=Unemployed more than 6 mo.; f=not in labor force; g=retired

**Income (indicate Frequency A. Weekly B. Bi-Weekly C. Semi-Monthly D. Monthly E. Quarterly F. Annually and dollar amount)**

Person with Income	Type of Income	Frequency Received	Work Status	Monthly Gross Amount
				\$
				\$
				\$
				\$
				\$
				\$

**Total Household Income per month** \_\_\_\_\_ **or past year** \_\_\_\_\_

**Housing:**

Own ☐ Rent ☐  
 Rent amount   
 Homeless with shelter ☐  
 Homeless without shelter ☐

**Household type:**

Single parent, Female   
 Single parent, Male   
 Two parents   
 Single person   
 Two adults/No children   
 Other

**Have you received help from our Agency in the past?** yes ☐ no ☐

**Explain the nature of your situation:**

I confirm that the above information is true and valid to the best of my knowledge and is subject to verification. I am aware that any fraudulent statement made in this application is legal grounds for denial of service and potential prosecution by any agency of the government and State of South Dakota as this application may be used as a basis for financial assistance.

I/We authorize any person, agency or institution to supply information requested by GROW South Dakota, concerning me or my family and to allow inspection and reproduction of records in his/her or their possession pertaining to me or my family by a duly authorized representative of GROW South Dakota

I/We authorize GROW South Dakota to release such information to providers or cooperating State or Federal Agencies.

I/We hereby release any person, agency, or institutions from any and all liability to me or my family for supplying such information.

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/We state, in writing, to GROW South Dakota.

**Signature of Applicant**

**Date**

**Signature of Co-Applicant**

**Date**

**This form NEEDS to be completed by your water provider.**

## WATER/WASTEWATER PROVIDER FORM

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

### CLIENT INFORMATION

NAME:	
ADDRESS:	
CITY, STATE, ZIP:	

### WATER PROVIDER INFORMATION

NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
PHONE:	
NAME OF PERSON SUPPLYING INFORMATION:	

### ACCOUNT INFORMATION

ACCOUNT NUMBER:	
ACCOUNT NAME:	
RESIDENCE ADDRESS:	

### HOUSEHOLD STATUS:

Is customer currently disconnected?

Yes	
No	

Please indicate total charges related to Water and/or Wastewater. Associated fee's related to water/wastewater are allowed to be included in the totals below. **Please include the most recent bill along with this form.**

Water Charges:	
Wastewater Charges:	
Garbage Fees:	
Reconnect Fees:	
Other Charges:	
<b>TOTAL DUE:</b>	

Please explain: \_\_\_\_\_