



104 Ash Street East, Sisseton, SD 57262

Phone (605) 698-7654 Fax (605) 698-3038
Website: www.growsd.org Email: info@growsd.org

Please ensure the following information is included along with your completed application, failure to do so will result in a delay:

- Assistance is only available in the following counties:**
 - Beadle, Brown, Campbell, Day, Edmunds, Faulk, Hand, Hughes, Hyde, McPherson, Marshall, Potter, Roberts, Spink, Stanley, Sully, Walworth.
- Completely fill out the enclosed application and have all adult household members sign it.**
- Complete the COVID Questionnaire:**
 - Third party documentation of how the household income has been affected must be provided, ex. notice from employer, proof of loss of income if self employed, notice from local City/Community/State of business shut down, documentation from Department of Health indicating COVID exposure or positive result along with proof of income loss, etc
- Income for all household members must be verified:**
 - If employed: provide a minimum of past 1 month/4 weeks of income via paystubs;
 - If self-employed: provide 2019 tax return and year to date profit & loss statement
 - Submit a copy of award letters for any other type of income:
 - SS, SSI, TANF, Child Support, Retirement/Pension, etc
- If there is no income in the house:**
 - Complete the ZERO INCOME VERIFICATION CHECKLIST.
- Rental assistance:**
 - Landlords must complete the attached Landlord/Tenant Form and return to our office.
- Utilities assistance request:**
 - A copy of the bill from the utility company faxed to (605) 698-3038, or provide your most recent statement.
- Other types of assistance may be available:**
 - Enclose a copy of the bill to determine eligibility



Head of Household				
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"/>			

Relation:	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"/>		
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"/>
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Date of Birth		Social Sec. #		Gender
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		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"/>
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Number of adults in house?	Number under 18 in the house?
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Last Name		First Name		Middle Initial
Date of Birth		Social Sec. #		Gender
Insurance Type		Employer Sponsored Health Insurance		yes <input type="checkbox"/> no <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

What do you need assistance with?

Rent/Shelter yes no Utilities/Heat yes no 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

COVID Questionnaire

This form must be completed in its entirety and returned along with the completed application for emergency assistance. Failure to complete and return this form will result in a delay in processing your request.

Does your household have income?

Yes No

If yes, what are the sources of income?

Include verification of all income: employment, self employment, SS, SSI, unemployment, pension, etc.

If no, when is the last time there was income in the house?

Has your **household income** been negatively affected by the COVID-19 pandemic?

Yes No

**If yes, please describe how

Are you currently receiving unemployment benefits? *Verification must be included with the application*

Yes No

Have you applied for unemployment benefits?

Yes No

**If yes, but you aren't receiving them, please explain why

****Third Party Documentation is required of how your household income has been negatively affected by the COVID - 19 Pandemic.**

Examples include: a letter from your employer stating you've been laid off, terminated, furloughed, etc., if self employed, documentation your business was closed, letter from city/community/state, Department of Health, etc., documentation from a third party agency such as an unemployment office, other benefit office that you are unable to receive funds/assistance due to the COVID - 19 Pandemic, etc.;

I confirm that all 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 on this form is grounds for denial of assistance through GROW SD.

Applicant Signature

Date

Co-Applicant Signature

Date

GROW SOUTH DAKOTA

104 Ash St. East, Sisseton, SD 57262

Phone: 605-698-7654

Fax: 605-698-3038

LANDLORD/TENANT AGREEMENT

*This form is used to determine eligiblity of the tenant/applicant and is **not a guarantee of funds.***

Tenant/Applicant Name _____ Co-Tenant/Applicant Name _____

Tenant's Physical Address _____ City _____ State _____ Zip _____

Total **Rent** Amount **Due**: \$_____ (excluding late fees or other fees) for what months? _____

Monthly Rental Amount: \$_____. How many people are on the lease? _____.

Security Deposit Owed: \$_____

GROW SD can only provide emergency services in these counties, if funding is available: Beadle, Brown, Campbell, Day, Edmunds, Faulk, Hand, Hughes, Hyde, McPherson, Marshall, Potter, Roberts, Spink, Stanley, Sully, Walworth.

I agree to accept monetary funds from GROW SD on behalf of the tenant named above and will allow them to reside in the unit for an additional 30 days from date of payment. If, receiving a security deposit and the tenant does not move into the rental unit, I will refund the security deposit to GROW South Dakota within 30 days of notification. Security deposits paid on behalf of the tenant may be refunded to the tenant based upon the lease.

Landlord Name (please print) _____ Landlord Signature _____ Date _____

Check payable to: (please print) _____ Social Security Number or Tax ID Number _____
(Landlord may contact our office to provide SSN)

Mailing address _____ City, _____ State, _____ Zip code _____

Business/Cell Phone _____ Fax Number _____

Email Address _____



GROW South Dakota, 104 Ash Street East, Sisseton, SD 57262

ZERO INCOME VERIFICATION CHECKLIST

The following is a list of expenses; please list how you will pay for the following items or mark N/A if you do not have or need and how much you will spend each month. Sign the bottom of the page when form is completed.

FOOD	WHO/HOW	AMOUNT
Groceries	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
Baby Formula/Food	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
SHELTER COSTS		
Rent/housing	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
Electricity	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
Heat: Gas/Fuel Oil	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
CLEANING/GROOMING		
Bathroom Necessities	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
Diapers	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
TRANSPORTATION COSTS		
Automobile Payment	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
Automobile Insurance	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
Vehicle Gas	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
Vehicle Maintenance	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
Transportation Bus/Cab expense	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
CLOTHING		
Clothes/Shoes	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
Wash your clothes	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
COMMUNICATIONS		
Telephone bill	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
Cell phone	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
Internet	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
Cable	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
OTHER		
Medical expenses	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
Daycare	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
Education	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
Do you smoke?	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
Do you go out to eat?	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____
Pet food or pet supplies?	NA <input type="checkbox"/> _____	How do you pay for this? _____ \$ _____

Do you get any of the following:	If yes, how much	How Often
Cash from anyone?	YES <input type="checkbox"/> NO <input type="checkbox"/> _____	_____
Unemployment?	YES <input type="checkbox"/> NO <input type="checkbox"/> _____	_____
TANF?	YES <input type="checkbox"/> NO <input type="checkbox"/> _____	_____
Receiving Child Support?	YES <input type="checkbox"/> NO <input type="checkbox"/> _____	_____
Bonus payments?	YES <input type="checkbox"/> NO <input type="checkbox"/> _____	_____
Tribal Incentives?	YES <input type="checkbox"/> NO <input type="checkbox"/> _____	_____
Life Insurance Payments?	YES <input type="checkbox"/> NO <input type="checkbox"/> _____	_____
Land payments?	YES <input type="checkbox"/> NO <input type="checkbox"/> _____	_____
Money from college benefits?	YES <input type="checkbox"/> NO <input type="checkbox"/> _____	_____
Wages/salaries?	YES <input type="checkbox"/> NO <input type="checkbox"/> _____	_____
Social Security or SSI benefits?	YES <input type="checkbox"/> NO <input type="checkbox"/> _____	_____
Workers compensation?	YES <input type="checkbox"/> NO <input type="checkbox"/> _____	_____
Any other type of income?	YES <input type="checkbox"/> NO <input type="checkbox"/> _____	_____

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.

Signature _____ Date _____

