



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)

Dear Emergency Assistance Applicant:

**Completed applications will have first priority.** If our agency does not receive the items listed below along with a completed application it will be considered incomplete and will not be accepted, ensure ALL ADULT household members have signed the application:

- Do you reside in one of the following counties?**
  - Beadle, Brown, Campbell, Day, Edmunds, Faulk, Hand, Hughes, Hyde, McPherson, Marshall, Potter, Roberts, Spink, Stanley, Sully, Walworth.
    - If YES - please continue completing the application.
    - If NO - please visit [www.growsd.org/about-us/contact-us](http://www.growsd.org/about-us/contact-us) and select South Dakota Community Action Agencies to find the Agency that can provide service to you.
  
- Income for all household members must be verified.**
  - Provide a minimum of past 1 month of income  
OR
  - Did you receive fuel assistance? \_\_\_\_yes \_\_\_\_NO (*if NO need proof of income*)
  
- If you have no income, you will need to complete the ZERO INCOME VERIFICATION CHECKLIST.**
  
- Rental assistance request needs the following:**
  - Please have your landlord complete the attached Landlord/Tenant Form and return to our office
  
- Utilities assistance request needs the following:**
  - A copy of the 90-day billing history from the utility company faxed to (605) 698-3038
  - A copy of the disconnect or delinquent bill
  
- Other types of assistance please send in a copy of the bill or estimate.**

If you have any questions concerning your application, feel free to contact our agency (605) 698-7654 or via email at [info@growsd.org](mailto:info@growsd.org).

***\*\*FUNDING IS LIMITED and may not always be available in the counties served by GROW SD, please contact us for funding availability\*\****



Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

	Head of Household	Other Member	Other Member	Other Member
Last Name				
First Name				
Middle Initial				
Date of Birth				
Age				
Social Sec. #				

Relationship: S-Self SP-Spouse C-Child P-Parent O-Other

Relationship			
Gender			
Food Stamps			
Medicare			
Medicaid			
Health Insurance			
I.H.S.			
Disabled			
Farmer/Rancher			
Veteran			

**Ethnicity**

Hispanic/Latino			
Race: A. White B. Black/African American C. American Indian/Alaska Native D. Asian E. Native Hawaiian/Pacific Island F. Other G. Multi-Race			
Race			

**Education (Check One per individual)**

0 - 8			
9 - 12 (non grad)			
HS Grad or GED			
12+			
College Grad			

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

Employment			
TANF			
SSI			
SSD or SSA			
Pension			
Unemployment			
Child Support			
Alimony			
Div/ Int/ Rent			
Other			
<b>Total</b>			

Total number of persons in the household \_\_\_\_\_

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

	Other Member	Other Member	Other Member	Other Member
Last Name				
First Name				
Middle Initial				
Date of Birth				
Age				
Social Sec. #				

Relationship: S-Self SP-Spouse C-Child P-Parent O-Other

Relationship				
Gender				
Food Stamps				
Medicare				
Medicaid				
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Employment				
TANF				
SSI				
SSD or SSA				
Pension				
Unemployment				
Child Support				
Alimony				
Div/ Int/ Rent				
Other				
Total*				

\* Add total income from this page to total on page 1.

**Housing:**

\_\_\_\_ Own  
\_\_\_\_ Rent  
    \_\_\_\_ Rent amount  
    \_\_\_\_ Subsidy  
\_\_\_\_ Homeless  
    \_\_\_\_ With shelter  
    \_\_\_\_ Without shelter

**Household type:**

\_\_\_\_ a. Single parent, Female  
\_\_\_\_ b. Single parent, Male  
\_\_\_\_ c. Two parents  
\_\_\_\_ d. Single person  
\_\_\_\_ e. Two adults/No children  
\_\_\_\_ f. Other

**What do you need assistance with? (circle)**

**Food Rent/Shelter Utilities/Heat Other** \_\_\_\_\_

**Have you received help from our Agency in the past? Y N If yes, when?** \_\_\_\_\_

**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**

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

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Signature \_\_\_\_\_ Date \_\_\_\_\_

