



104 Ash Street East, Sisseton, SD 57262

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

- 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*)

******Call if you have any questions on 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.

Sincerely,
GROW South Dakota



Address _____ City _____ County _____

Mailing Address _____ City _____

State _____ Zip _____ Phone: _____ Other Phone: _____

Email Address: _____ Number in Household: _____

| | 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 | M F | M F | M F | M F |
| Disabled | Y N | Y N | Y N | Y N |

Insurance Type: CH=CHIP; MC=Medicare; MD=Medicaid; S=State for Adults; E=Employer; M=Military; D=Direct Pd; IHS=Indian Health; N=None

| | | | | |
|------------------------------------|-----|-----|-----|-----|
| Insurance | | | | |
| Farmer/Rancher | Y N | Y N | Y N | Y N |
| Military: V=veteran or A=active | | | | |

Ethnicity

| | | | | |
|-----------------|-----|-----|-----|-----|
| Hispanic/Latino | Y N | Y N | Y N | Y N |
|-----------------|-----|-----|-----|-----|

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 | | | | |

Non-Cash Benefits: A=SNAP; B=WIC; C=LIHEAP; D=Housing Choice Voucher; E=Public Housing; F=Public Supportive Housing; G=HUD-VASH;
H=Childcare Voucher; I=Affordable Care Act; J=Other

| | | | | |
|-------------------|--|--|--|--|
| Non-Cash Benefits | | | | |
|-------------------|--|--|--|--|

| | 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 | M F | M F | M F | M F |
| Disabled | Y N | Y N | Y N | Y N |

Insurance Type: CH=CHIP; MC=Medicare; MD=Medicaid; S=State for Adults; E=Employer; M=Military; D=Direct Pd; IHS=Indian Health; N=None

| | | | | |
|------------------------------------|-----|-----|-----|-----|
| Insurance | | | | |
| Farmer/Rancher | Y N | Y N | Y N | Y N |
| Military: V=veteran or A=active | | | | |

Ethnicity

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| | | | | |
|-------------------|--|--|--|--|
| Non-Cash Benefits | | | | |
|-------------------|--|--|--|--|

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 Comp., *Retirement, *Pensions, *Annuities, *Dividends, *Rental Income, *Tribal lease or *Per capita income, *AFDC, *Child Support, *Net gambling/Lottery winnings, *VA Disability comp 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.
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; F= not in labor force; G= retired

Income (indicate frequency & dollar amount): A. Weekly; B. Bi-weekly; C. Semi-monthly; D. Monthly; E. Quarterly; F. Annually

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

Total Household Income per month _____ or past year _____

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: \$_____

Year house was built _____ *** required for Security Deposit assistance ONLY ***

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 _____

