



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 Furnace Assistance Applicant:

Enclosed you will find an application for the Emergency Furnace Assistance Program. In order for our agency to process your request, we will need the following documents completed and returned:

- 1) The enclosed/attached South Dakota Weatherization Assistance Application. The application must be filled out and signed by applicant **and** any co-applicants (co-applicants refers to any adult living in the household). Please check the box for the Emergency Furnace Repair/Replacement Program.
- 2) If you are not on the current fuel assistance, you will need apply and be approved before we can assist with any furnace repairs. To apply for energy assistance you may visit their website at <http://dss.sd.gov> or you may call 1-800-233-8503 to request an energy assistance application.
- 3) Proof of homeownership. This may be a copy of the property tax notice, deed, or if a mobile home, a copy of the mobile home title.  
Rentals are not eligible for this program unless the landlord is a participant of the low income energy assistance program.

GROW South Dakota has additional programs that you may be interested in:

- 1) Weatherization – To have your application processed for the weatherization, please check the Weatherization Assistance Program box on the application. If your home received weatherization services within the previous 15 years, it will **not** be eligible.

General Disclaimer- All programs have various eligibility, income or funding requirements. Funding availability varies.

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

Sincerely,

*Kristin Hofland*

Kristin Hofland  
Home Improvement Director



# GROW South Dakota

104 Ash Street East, Sisseton, SD 57262

605-698-7654, www.growsd.org

fax: 605-698-3038

- WEATHERIZATION ASSISTANCE PROGRAM
- EMERGENCY FURNACE REPAIR/REPLACEMENT PROGRAM

**Mailing Address** **City**      **State**    **Zip Code**      **County**

**Residence Address** **City**      **State**    **Zip Code**      **County**

**Provide Directions - use landmarks**

**Home Phone Number** **Work phone Number** **Cell phone Number**

**Other phone number to leave message** **Email address**

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

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

Name: First	MI	Last	Last 4 Digits of Social Security #	Date of birth	*Race: a=Native American b=Asian c=black d=Hawaiian e=white f=Other g=Mult-Race	*Ethnicity a=Hispanic b=Not Hispanic	*Gender M=Male F=Female O=Other	Disabled: Y=Yes N=No	Grade of Post Secondary School Level Completed	Insurance: a=Medicaid b=Medicare c=CHIP d=State Provided Adult e=Military f=Direct paid g=Employer provided h=none	Military: A=Active b=Veteran

**TELL US ABOUT INCOME & 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 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=unemployes 6 mo. or less; E=Unemployes 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)**

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

**TELL US ABOUT THE HOME**

1. This is a  
 \_\_\_ House: Number of Storie      \_\_\_ 1 \_\_\_ 2 \_\_\_ 3  
       Built before 1978?            \_\_\_ Yes \_\_\_ No  
       Age of Home                    \_\_\_\_\_  
       Permanent basement?        \_\_\_ Yes \_\_\_ No  
 \_\_\_ Mobile Home: Serial Number or Title Number

\_\_\_ Apartment

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  
 have homeowners insurance?        \_\_\_ Yes \_\_\_ No  
 is it located in a flood zone?        \_\_\_ Yes \_\_\_ No

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

6. Is the problem with:  
 \_\_\_ Plumbing                            \_\_\_ Roofing  
 \_\_\_ Electrical                            \_\_\_ Siding  
 \_\_\_ Heating                                \_\_\_ Other Please List

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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                                \_\_\_ Chemicals/Smoke Fumes  
 \_\_\_ Other                                    \_\_\_ Not aware of unhealthy conditions

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 (SWO)?

\_\_\_ Yes \_\_\_ No

## TELL US ABOUT THE HOME

**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.

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Applicant Signature

Date

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Co-Applicant Signature

Date

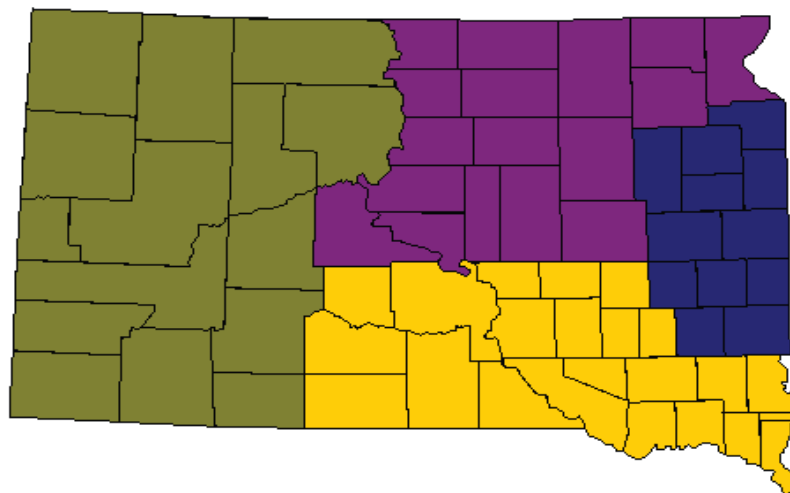
**AGENCY USE ONLY**

Approved by \_\_\_\_\_

Date Approved \_\_\_\_\_

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

Please send the application to the Community Action Agency that serves your county.  
Refer to the map and/or the counties listed below to find the information for the community action agency for your county.



**Inter-Lakes Community Action Partnership**

PO Box 268, Madison, SD 57042

Phone: 605-256-6518 or 1-800-896-4105

<http://www.interlakescap.com>

Counties served: Brookings, Clark, Codington, Deuel, Grant, Hamlin, Kingsbury, Lake, McCook, Miner, Minnehaha, Moody

**Northeast South Dakota Community Action Program (dba GROW South Dakota)**

104 Ash St. E, Sisseton, SD 57262

Phone: 605-698-7654

[www.growsd.org](http://www.growsd.org)

Counties served: Beadle, Brown, Campbell, Day, Edmunds, Faulk, Hand, Hughes, Hyde, McPherson, Marshall, Potter, Roberts, Spink, Stanley, Sully, Walworth

**Rural Office of Community Services, Inc.**

PO Box 70, Lake Andes, SD 57356

Phone: 605-487-7634 or 1-800-793-3290

<http://www.rocsinc.org>

Counties served: Aurora, Bon Homme, Brule, Buffalo, Charles Mix, Clay, Davison, Douglas, Gregory, Hanson, Hutchinson, Jerauld, Jones, Lincoln, Lyman, Mellette, Sanborn, Todd, Tripp, Turner, Yankton, Union

**Western South Dakota Community Action Agency, Inc.**

1844 Lombardy Drive, Rapid City, SD 57701

Phone: 605-348-1460 or 1-800-327-1703

<http://www.wsdca.org>

Counties served: Bennett, Butte, Corson, Custer, Dewey, Fall River, Haakon, Harding, Jackson, Lawrence, Meade, Perkins, Shannon, Pennington, Ziebach