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:**
   o 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.**

☐ **Income for all household members must be verified,** *if not currently on Energy Assistance*
   o Provide a minimum of past 1 month/4 weeks of income via paystubs;
   o If self-employed: provide 2024 tax return and year to date profit & loss statement
   o Submit a copy of award letters for any other type of income:
      o SS, SSI, TANF, Child Support, Retirement/Pension, etc.
   o Documentation of any other income not listed above.

☐ **If there is no income in the house:**
   o Complete the ZERO INCOME VERIFICATION CHECKLIST**.**

☐ **Rental assistance:**
   o Landlords must complete the attached Landlord/Tenant & W-9 form and return to our office.

☐ **Utilities assistance request:**
   o Provide a copy of the most recent bill from the utility company. (entire bill, not just a disconnect/past due notice)

☐ **Other types of assistance may be available:**
   o Provide an estimate of needed items to determine eligibility for assistance.

Head of Household

Last Name	First Name	Middle Initial

Date of Birth	Social Sec. #	Gender

Address:

Mailing Address:

Phone:

Email Address:	County:

Insurance Type None ☐ | Employer Sponsored Health Insurance yes ☐ no ☐

Medicare yes ☐ no ☐	Medicaid yes ☐ no ☐
I.H.S yes ☐ no ☐	CHIP yes ☐ no ☐
Veteran yes ☐ no ☐	Active Military yes ☐ no ☐
Hispanic/Latino yes ☐ no ☐	Race

Education Level | 0 - 8 ☐ | 9 - 12 (non grad) ☐ | HS Grad or GED ☐ | Some College ☐ | College Grad ☐

Are all adult household members US Citizens? yes ☐ no ☐ | If no, please explain:

Relation: Spouse ☐ | Child ☐ | Parent ☐ | Other ☐

Last Name	First Name	Middle Initial

Date of Birth	Social Sec. #	Gender

Insurance Type None ☐ | Employer Sponsored Health Insurance yes ☐ no ☐

Medicare yes ☐ no ☐	Medicaid yes ☐ no ☐
I.H.S yes ☐ no ☐	CHIP yes ☐ no ☐
Veteran yes ☐ no ☐	Active Military yes ☐ no ☐
Hispanic/Latino yes ☐ no ☐	Race

Education Level | 0 - 8 ☐ | 9 - 12 (non grad) ☐ | HS Grad or GED ☐ | Some College ☐ | College Grad ☐

Relation: Spouse ☐ | Child ☐ | Parent ☐ | Other ☐

Last Name	First Name	Middle Initial

Date of Birth	Social Sec. #	Gender

Insurance Type None ☐ | Employer Sponsored Health Insurance yes ☐ no ☐

Medicare yes ☐ no ☐	Medicaid yes ☐ no ☐
I.H.S yes ☐ no ☐	CHIP yes ☐ no ☐
Veteran yes ☐ no ☐	Active Military yes ☐ no ☐
Hispanic/Latino yes ☐ no ☐	Race

Education Level | 0 - 8 ☐ | 9 - 12 (non grad) ☐ | HS Grad or GED ☐ | Some College ☐ | College Grad ☐

Relation: Spouse ☐ | Child ☐ | Parent ☐ | Other ☐

Last Name	First Name	Middle Initial

Date of Birth	Social Sec. #	Gender

Insurance Type None ☐ | Employer Sponsored Health Insurance yes ☐ no ☐

Medicare yes ☐ no ☐	Medicaid yes ☐ no ☐
I.H.S yes ☐ no ☐	CHIP yes ☐ no ☐
Veteran yes ☐ no ☐	Active Military yes ☐ no ☐
Hispanic/Latino yes ☐ no ☐	Race

Education Level | 0 - 8 ☐ | 9 - 12 (non grad) ☐ | HS Grad or GED ☐ | Some College ☐ | College Grad ☐

Number of adults in house?	Number under 18 in the house?

Relation:	**Spouse** ☐	**Child** ☐	**Parent** ☐	**Other** ☐

Last Name	First Name	Middle Initial
Date of Birth	Social Sec. #	Gender

Insurance Type   None ☐   Employer Sponsored Health Insurance yes ☐   no ☐

Medicare yes ☐ no ☐	Medicaid yes ☐ no ☐
I.H.S yes ☐ no ☐	CHIP yes ☐ no ☐
Veteran yes ☐ no ☐	Active Military yes ☐ no ☐

Hispanic/Latino yes ☐   no ☐   Race

Education Level   0 - 8 ☐   9 - 12 (non grad) ☐   HS Grad or GED ☐   Some College ☐   College Grad ☐

Relation:	**Spouse** ☐	**Child** ☐	**Parent** ☐	**Other** ☐

Last Name	First Name	Middle Initial
Date of Birth	Social Sec. #	Gender

Insurance Type   None ☐   Employer Sponsored Health Insurance yes ☐   no ☐

Medicare yes ☐ no ☐	Medicaid yes ☐ no ☐
I.H.S yes ☐ no ☐	CHIP yes ☐ no ☐
Veteran yes ☐ no ☐	Active Military yes ☐ no ☐

Hispanic/Latino yes ☐   no ☐   Race

Education Level   0 - 8 ☐   9 - 12 (non grad) ☐   HS Grad or GED ☐   Some College ☐   College Grad ☐

Relation:	**Spouse** ☐	**Child** ☐	**Parent** ☐	**Other** ☐

Last Name	First Name	Middle Initial
Date of Birth	Social Sec. #	Gender

Insurance Type   None ☐   Employer Sponsored Health Insurance yes ☐   no ☐

Medicare yes ☐ no ☐	Medicaid yes ☐ no ☐
I.H.S yes ☐ no ☐	CHIP yes ☐ no ☐
Veteran yes ☐ no ☐	Active Military yes ☐ no ☐

Hispanic/Latino yes ☐   no ☐   Race

Education Level   0 - 8 ☐   9 - 12 (non grad) ☐   HS Grad or GED ☐   Some College ☐   College Grad ☐

Relation:	**Spouse** ☐	**Child** ☐	**Parent** ☐	**Other** ☐

Last Name	First Name	Middle Initial
Date of Birth	Social Sec. #	Gender

Insurance Type   None ☐   Employer Sponsored Health Insurance yes ☐   no ☐

Medicare yes ☐ no ☐	Medicaid yes ☐ no ☐
I.H.S yes ☐ no ☐	CHIP yes ☐ no ☐
Veteran yes ☐ no ☐	Active Military yes ☐ no ☐

Hispanic/Latino yes ☐   no ☐   Race

Education Level   0 - 8 ☐   9 - 12 (non grad) ☐   HS Grad or GED ☐   Some College ☐   College Grad ☐

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**

ZERO INCOME VERIFICATION CHECKLIST

If you do not have income - please indicate if you have the following, and if so, how do you pay for them? 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 ☐	How do you pay for this?	_____	$ _____
Baby Formula/Food	NA ☐	How do you pay for this?	_____	$ _____
SHELTER COSTS				
Rent/housing	NA ☐	How do you pay for this?	_____	$ _____
Electricity	NA ☐	How do you pay for this?	_____	$ _____
Heat: Gas/Fuel Oil	NA ☐	How do you pay for this?	_____	$ _____
CLEANING/GROOMING				
Bathroom Necessities	NA ☐	How do you pay for this?	_____	$ _____
Diapers	NA ☐	How do you pay for this?	_____	$ _____
TRANSPORTATION COSTS				
Automobile Payment	NA ☐	How do you pay for this?	_____	$ _____
Automobile Insurance	NA ☐	How do you pay for this?	_____	$ _____
Vehicle Gas	NA ☐	How do you pay for this?	_____	$ _____
Vehicle Maintenance	NA ☐	How do you pay for this?	_____	$ _____
Transportation Bus/Cab expense	NA ☐	How do you pay for this?	_____	$ _____
CLOTHING				
Clothes/Shoes	NA ☐	How do you pay for this?	_____	$ _____
Wash your clothes	NA ☐	How do you pay for this?	_____	$ _____
COMMUNICATIONS				
Telephone bill	NA ☐	How do you pay for this?	_____	$ _____
Cell phone	NA ☐	How do you pay for this?	_____	$ _____
Internet	NA ☐	How do you pay for this?	_____	$ _____
Cable	NA ☐	How do you pay for this?	_____	$ _____
OTHER				
Medical expenses	NA ☐	How do you pay for this?	_____	$ _____
Daycare	NA ☐	How do you pay for this?	_____	$ _____
Education	NA ☐	How do you pay for this?	_____	$ _____
Do you smoke?	NA ☐	How do you pay for this?	_____	$ _____
Do you go out to eat?	NA ☐	How do you pay for this?	_____	$ _____
Pet food or pet supplies?	NA ☐	How do you pay for this?	_____	$ _____

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

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_____

GROW SOUTH DAKOTA
104 Ash St. East, Sisseton, SD 57262,
Phone: 605-698-7654, Fax: 605-698-3038, Email: info@growsd.org
<u>LANDLORD/TENANT AGREEMENT</u>

_____

Tenant Name   Co-Tenant Name

_____

Tenant's Physical Address   City   State   Zip

Has or is tenant receiving assistance with their rent from another agency/program? ☐ YES ☐ NO

If yes, how much $_____ Name of agency/program? _____

Past due **<u>RENT</u>** $_____ plus **<u>LATE FEES</u>** $_____Total **<u>Rent & Fees owed</u>** $_____

What months are owed_____

Monthly Rental Amount: $_____ Due Date of Rent:_____

Would you accept up to 3 months of pre-paid rent for this tenant? YES☐ NO☐ OTHER _____

Is tenant receiving subsidy? YES☐   NO☐   If yes, amount of subsidy received $_____

Security Deposit Owed: $_____ How many people are on the lease? _____.

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, and Walworth.

I agree to accept monetary funds from GROW South Dakota on behalf of the tenant named above and will allow them to reside in the unit for the months listed above. 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: (MUST MATCH W-9 FORM)   Social Security Number or Tax ID Number
                  (Completed w-9 form required)

_____

Mailing address   City,   State,   Zip code

_____

Business Cell Phone   Email Address

_____

Is the landlord/owner a relative to anyone living in this rental unit?

Form **W-9**

(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer
Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I   Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
☐☐ – ☐☐☐☐☐☐☐

Part II   Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

• Form 1099-DIV (dividends, including those from stocks or mutual funds)

• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

• Form 1099-S (proceeds from real estate transactions)

• Form 1099-K (merchant card and third party network transactions)

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

• Form 1099-C (canceled debt)

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Cat. No. 10231X

Form **W-9** (Rev. 10-2018)