



104 Ash Street East, Sisseton, SD 57262

Phone (605) 698-7654 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:**
 - 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 2025 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.



GROW SOUTH DAKOTA is an Equal Opportunity Lender, Provider, and Employer

Complaints of discrimination should be sent to: USDA, Director, Office of Adjudication, 1400 Independence Ave SW, Washington DC 20250-9410

Head of Household				
Last Name		First Name		Middle Initial
Date of Birth		Social Sec. #		Gender
Physical Address, City, State Zip:				
Mailing Address, City, State, Zip:				
Phone:			County:	
Email Address:				
Insurance Type		Employer Sponsored Health Insurance		
None	☐	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 household members US Citizens?		yes ☐ no ☐	If no, please provide documentation	

Relation:	Spouse ☐	Child ☐	Parent ☐	Other ☐
Last Name		First Name		Middle Initial
Date of Birth		Social Sec. #		Gender
Insurance Type		Employer Sponsored Health Insurance		
None	☐	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		Employer Sponsored Health Insurance		
None	☐	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		Employer Sponsored Health Insurance		
None	☐	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		Employer Sponsored Health Insurance		
None ☐		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		Employer Sponsored Health Insurance		
None ☐		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		Employer Sponsored Health Insurance		
None ☐		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		Employer Sponsored Health Insurance		
None ☐		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, *ETC, *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
LANDLORD/TENANT AGREEMENT

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 **RENT** \$_____ plus **LATE FEES** \$_____ Total **Rent & Fees owed** \$_____

What months are owed _____

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

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?



**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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐	
	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. See also *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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they