



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:

- 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,

*Sherri Skjonsberg*

Project Coordinator



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	Veteran Active N/A			

Ethnicity

Hispanic/Latino	Y N	Y N	Y N	Y N
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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				
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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				
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	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**

Hispanic/Latino	Y N	Y N	Y N	Y N
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**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				
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**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				
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**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 \_\_\_\_\_

**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**

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Tenant Name \_\_\_\_\_ Co-Tenant Name \_\_\_\_\_

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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 South Dakota 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.

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Landlord Name (please print) \_\_\_\_\_ Landlord Signature \_\_\_\_\_ Date \_\_\_\_\_

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Check payable to: (please print) \_\_\_\_\_ Social Security Number or Tax ID Number  
(Landlord may contact our office to provide SSN)

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Mailing address \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip code \_\_\_\_\_

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Business/Cell Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

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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 \_\_\_\_\_

