



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)

## Small Loan Fund Information Guide

GROW South Dakota has limited loan funds available, statewide, to refinance existing personal debt or assist with a car repair. These loans can be a minimum of \$500 to a maximum of \$2,500. This is a 12-month term with a fixed interest rate of 10%. The Annual Percentage Rate, APR, will not exceed 36%

Eligible loan purposes include: paying off high interest debt, satisfying judgements, car repairs, and other items determined eligible on a case-by-case basis. The loan must clear up the existing debt, satisfy the judgement, or complete the car repair.

### Restrictions & Guidelines:

- Must be a US citizen and a South Dakota resident
- No minimum credit score
- Origination fee may be financed
- Must show repayment ability on all debts, including this loan
- Payments will be required through payroll deduction or ACH through a bank account
- Financial counseling is strongly recommended – if you provide a certificate of completion for financial counseling; the loan term may be extended to 24 months
  - Lutheran Social Services Center for Financial Resources
    - Contact them at: (605) 330-2700, (888) 258-2227 or email [cfr@LssSD.org](mailto:cfr@LssSD.org). *Mention your interest in the GROW SD Small Loan Fund when contacting LSS*
  - GROW South Dakota
    - Contact them at (605) 698-7654 or email [info@growsd.org](mailto:info@growsd.org)

Applications can be found at [www.growsd.org](http://www.growsd.org) under the *Application Center - Small Loan Fund*.

If you would like any additional information regarding the Small Loan Fund, please contact Jared at (605) 698-7654 ext. 126 or Sherri at (605) 698-7654 ext 134.



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

Complaints of discrimination should be sent to: USDA, Director, Office of Assistant Secretary for Civil Rights, 1400 Independence Ave SW, Washington DC 20250-9410

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

	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	
Food Stamps	Y	N		Y	N		Y	N		Y	N	
Medicare	Y	N		Y	N		Y	N		Y	N	
Medicaid	Y	N		Y	N		Y	N		Y	N	
Health Insurance	Y	N		Y	N		Y	N		Y	N	
I.H.S.	Y	N		Y	N		Y	N		Y	N	
Disabled	Y	N		Y	N		Y	N		Y	N	
Farmer/Rancher	Y	N		Y	N		Y	N		Y	N	
Veteran	Yes	No	Active	Yes	No	Active	Yes	No	Active	Yes	No	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				

**Income (indicate A. Weekly B. Bi-Weekly C. Bi-Monthly D. Monthly E. Quarterly F. Annually and dollar amount)**

Employment				
TANF				
SSI				
SSD or SSA				
Pension				
Unemployment				
Child Support				
Alimony				
Div/ Int/ Rent				
Other				
<b>Total</b>				

Total number of persons in the household \_\_\_\_\_

Total Household Income per month \_\_\_\_\_ or past year \_\_\_\_\_

	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	
Food Stamps	Y	N		Y	N		Y	N		Y	N	
Medicare	Y	N		Y	N		Y	N		Y	N	
Medicaid	Y	N		Y	N		Y	N		Y	N	
Health Insurance	Y	N		Y	N		Y	N		Y	N	
I.H.S.	Y	N		Y	N		Y	N		Y	N	
Disabled	Y	N		Y	N		Y	N		Y	N	
Farmer/Rancher	Y	N		Y	N		Y	N		Y	N	
Veteran	Yes	No	Active	Yes	No	Active	Yes	No	Active	Yes	No	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				

**Income (indicate A. Weekly B. Bi-Weekly C. Bi-Monthly D. Monthly E. Quarterly F. Annually and dollar amount)**

Employment				
TANF				
SSI				
SSD or SSA				
Pension				
Unemployment				
Child Support				
Alimony				
Div/ Int/ Rent				
Other				
Total*				

\* Add total income from this page to total on page 1.

**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

**Eligible Loan Purposes:** 1.) Pay off high interest debt 2.) Clear up judgments 3.) Car repairs

4.) Other: (please explain) \_\_\_\_\_

**Loan Amount Requested:** \$ \_\_\_\_\_

**Loan Purpose:** \_\_\_\_\_

**Collateral Offered:** \_\_\_\_\_

**How did you hear about the Small Loan Fund?** \_\_\_\_\_

**Please submit the following documents with the completed application:**

- Proof of income for all members of the household (two most recent paystubs)
- Copy of most recent tax return
- Completed personal financial statement
- Bill or invoice for debt
- Proof of completed financial counseling course

I certify that everything I have stated in this application, and on any attachments, is correct. I understand GROW South Dakota will request financial information and supporting corporate documents; a loan officer will contact me detailing the additional information required to complete the loan application process. By marking the above box I authorize the agency to check my credit and employment history, (including, if I am a corporation or partnership, the credit record and employment history of the owners, directors, officers or partners) to answer questions others may ask about my credit record, and to keep this application whether or not it is approved. I understand that I must update credit information at the agency's request if my financial condition changes. I certify credit is not available at similar rates and terms from other sources.

\_\_\_\_\_  
**Signature of Applicant** **Date**

\_\_\_\_\_  
**Signature of Co-Applicant** **Date**

# MONTHLY Budget Worksheet

Income		WEEK 1	WEEK 2	WEEK 3	WEEK 4
<b>Source of Income</b>	Emplyment Income 1				
	Emplyment Income 2				
	Secocial Security/Disability				
	Pension/Retirement				
	Child Support				
	Benefits				
	Other				
	Total Income				
<b>Description</b>		<b>Amount Due</b>	<b>Notes</b>		
<b>Expenses</b>					
<b>Housing</b>	Mortgage/Rent				
	Ins./owners/renters				
	Taxes				
	Maintenance				
	Warranty				
	Association Dues				
	Other				
<b>Transprotation</b>	Vehicle Payment 1				
	Vehicle Payment 2				
	Gas/Fuel				
	Parking				
	Auto Insurance				
	Vehicle Regist./Taxes/ Fees				
	Auto Maint./Servie/Reprs				
	Public Transportation				
	Other				

	Description	Current	Notes
Utilities	Electric		
	Gas		
	Water		
	Trash		
	Internet		
	Cable		
	Home Phone		
	Cell Phone		
	Other		
Food	Groceries		
	Dining Out		
	Other		
Healthcare	Premiums (if no employer plan)		
	Co-pays		
	Prescriptions		
	Other		
Loans	Credit Card Payments		
	Student Loans		
	Personal Loans		
	Other		
Savings	Emergency Fund		
	Large Purchase		
	Retirement		
Personal	Clothing		
	Children's Clothing		
	Hygiene/Barber/Beauty		
	Gym/Health/Sports		
	Dry Cleaning		
	Other		
Children	Child Care		
	Extracurricular Activities		
	Tuition		
	School Supplies		
	Other		

	Description	Current	Notes		
<b>Miscellaneous</b>	Alimony/Child Support				
	Charity/Donations/ Tithe				
	Gifts				
	Entertainment (movies, gamble, concert, etc.)				
	Pets (food, Medical, Etc.)				
	Insurance (life, disability, umbrella)				
	Household Maintenance				
	Other: Jewelry-making expenses				
	<b>Total Expenses</b>				
	<b>Total Remaining amount</b>				
	<b>Description</b>	<b>Current Amount</b>	<b>Additional Account</b>	<b>Additional Account</b>	<b>Total</b>
<b>Assets</b>					
<b>Type</b>	Checking	\$			
	Savings	\$			
	CD's, Money Market Accounts, treasury bills	\$			
	Stocks, Bonds, Securites, Trust Account	\$			
	Pensions, IRA's, other Retirement Accounts	\$			
	Real Estate, Rental Property, Land contracts/contract ofr deeds, or other related accounts	\$			
	Life Insurance Income	\$			
	Cash on hand over \$500/Safety deposit box	\$			
	Personal Accounts held for an investment	\$			