

APPLICATION FOR COUNTY ASSISTANCE

COPY OF PHOTO ID & SOCIAL SECURITY CARD REQUIRED

Name _____ Date _____

Amount of Assistance Necessary: \$ _____ Reason Assistance Needed (indicate specifically what the assistance will be used for): _____

SECTION 1 – PERSONAL AND HOUSEHOLD DATA: PLEASE PRINT EXCEPT SIGNATURES

Last Name _____ First _____ (M) _____ Date of Birth _____ Social Security No _____

Residence – Street Address _____ Mailing Address _____ Phone No. _____

City _____ State _____ Zip Code _____
I have lived at the above address since: Month _____ Day _____ Year _____
Prior to that I lived at: _____ Month _____ Day _____ Year _____

OTHER HOUSEHOLD MEMBERS:

Table with 4 columns: Name, Date of Birth, Relationship, Social Security No. Rows 1-6.

MARITAL STATUS: (Circle one) Single Married Separated Divorced Widow Widower

If married, give town, place, and date of marriage: _____
If formerly married, list name of former spouse(s), date of marriage, divorce death or separation _____

SOCIAL HISTORY: (to be completed by APPLICANT)

- 1. A. my father's name is _____ B. my father's address is _____ C. my father is employed at _____ as a _____
2. A. my mother's name is _____ B. my mother's address is _____ C. my mother is employed at _____ as a _____
OTHER INCOME(S) MY PARENTS HAVE _____

3. Can your parents provide you assistance? Explain _____

SOCIAL HISTORY (to be completed by OTHER ADULT HOUSEHOLD MEMBERS)

- 1. A. my father's name is _____ B. my father's address is _____ C. my father is employed at _____ as a _____
2. A. my mother's name is _____ B. my mother's address is _____ C. my mother is employed at _____ as a _____
OTHER INCOME(S) MY PARENTS HAVE _____

3. Can your parents provide you assistance? Explain _____

Nearest relative other than parents: Name _____ Address _____

Can your relative provide you with assistance? Yes _____ No _____ Explain _____

I (am) (am not) a veteran. Other household members (are) (are not) veterans. (circle the right responses)

EDUCATION: ADULT HOUSEHOLD MEMBERS 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Other Specialized Training _____

Adults presently enrolled in school? Yes _____ No _____ Explain _____

OCCUPATION(s) of household members (over 18). List current job and last three jobs **FOR EACH PERSON**.

HOUSEHOLD MEMBER	EMPLOYER	DATES	JOB TITLE	HOURS/WK	WHY LEFT
------------------	----------	-------	-----------	----------	----------

1. _____

2. _____

3. _____

1. _____

2. _____

3. _____

Are all members of your household who are able to work registered with Job Service? Yes _____ No _____

Explain: _____

SECTION 11-HOUSEHOLD ASSETS AND DEBT (If none, please write none in blank)

ASSETS

Cash in banks _____

Accounts and notes receivable _____

Investments- (bonds, stock, etc.) _____

Real Estate: Location _____
Use _____

Automobile or other vehicles (type & year) _____

Recreational vehicles _____

Farm equipment _____

Other assets _____

List & describe all anticipated income such as land

Sales, expected gifts, inheritance, trusts, allotments,

Or expected future payment of any kind _____

TOTAL ASSETS: _____

Do you own or are you buying your house or trailer home?

Yes _____ No _____ Payment \$ _____

If you rent a house, apartment, or trailer home, what is your

Rent? \$ _____

Name/address/telephone # of landlord: _____

COMMENTS _____

DEBTS

Debt to banks _____

House _____

Auto _____

Medical bills _____

Debts to finance companies _____

Other Debts: _____

TOTAL DEBTS: _____

MONTHLY OBLIGATIONS

Rent/Mortgage _____

Rent to own _____

Daycare _____

Electricity _____

Water & Sewer _____

Gas-fuel oil (heat) _____

Gasoline (auto) _____

Insurance _____

Telephone _____

Cable _____

Credit Cards _____

OTHER _____

SECTION III – INCOME INFORMATION (Previous Tax Year)

Last year's gross income (YOU MUST PROVIDE LAST YEAR'S FEDERAL INCOME TAX FORM OR OTHER SUITABLE DOCUMENTATION TO PROVE INCOME FOR LAST TAX YEAR).

COMMENTS: _____

SECTION IV - INCOME INFORMATION (Complete gross income amounts for all adult household members)
 (You must provide check stubs or other suitable documentation to prove income for the past 90 days.)

APPLICANT

OTHER HOUSEHOLD MEMBERS

	Claim #	Previous Month	Last Tax Year		Claim #	Previous Month	Last Tax Year
Social Security							
SSI							
Veterans Benefits							
Military Benefits							
National Guard							
BIA/GA							
Lease Payments							
ADC-AFDC							
Foster Care							
Food Stamps							
LIEAP							
Wages (employment)							
Income (self-employ)							
Unemployment Comp.							
Workman's Comp.							
Vacation/Sick Pay							
Retirement							
Strike Benefits							
Alimony							
Child Support							
WIC							
Subsidized Housing							
Utility Allowance							
Other Income							
Insurance Settlement							
Insurance Cash Value							
Scholarships							
Loans/ Grants							
Total Income							

SECTION V-MISCELLANEOUS INFORMATION

Has any household member received assistance from any other agency in the past 30 days? Yes ___ No ___
Explain _____

Does any household member expect to receive income this month (not reported above)? Yes ___ No ___
Explain _____

SECTION VI – DECLARATION

I will supply all necessary information to support this application for county assistance.
I authorize a representative of the county to make all necessary inquiries in relation to this application.
I understand any false statements or misrepresentations made in connection with this application constitutes a violation of the law.
I understand that a lien in the amount of any county assistance I receive will be filed against me.
I understand that if I am not satisfied with the decision of this office, I may appeal to the county Commission.
I swear (or affirm) that the statements made herein are true and correct to the best of my knowledge.
Receipt of a copy of the foregoing is hereby acknowledged.

STATE OF SOUTH DAKOTA}
COUNTY OF _____} SS

APPLICANT

Subscribed and sworn to before me this _____ day of _____, 20____

Name and Title

COMMENTS/ACTIONS:

