APPLICATION FOR COUNTY ASSISTANCE

COPY OF PHOTO ID & SOCIAL SECURITY CARD REQUIRED

	ame		Date			
	Necessary: \$ for):		Reason Assistance Needed (indicate specifically what the			
SECTION 1 – PERSONA	L AND HOUSEHOLD DA	TA: PLEASE PRI	NT EXCEPT SIGNATURES			
Last Name	ast Name First		Date of Birth	Social Security No Phone No. Zip Code		
Residence – Street Address City S			Mailing Address			
		State				
I have lived at the abov	ve address since: Month	***	Day	Year		
	Month					
OTHER HOUSEHOLD N						
Name	Date of	Birth	Relationship	Social Security No.		
1						
2	**************************************		,			
			Secure del del del del del del del del del de			
5	- American Male de 1990 de Male de 1990 de 199					
	place, and date of marria t name of former spouse			separation		
If formerly married, list SOCIAL HISTORY: (to b 1. A. my father's	t name of former spouse e completed by APPLICA name is	e(s), date of ma ANT)	rriage, divorce death or			
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I (am) (am not) a veteran. Other household members (are) (a EDUCATION: ADULT HOUSEHOLD MEMBERS 1 2 3 4 5 6 7	
	-
Other Specialized Training Adults presently enrolled in school? Yes No Explain Explains a school of the second	nin
OCCUPATION(s) of household members (over 18). List curren	att ich and last three ichs EOP EACH DEPSON
	S JOB TITLE HOURS/WK WHY LEFT
1	
2	Million Agents
3	
1	
2	
3	
Are all members of your household who are able to work reg	ristered with Job Service? Yes No
Explain:	
SECTION 11-HOUSEHOLD ASSESTS AND DEBT (If none, pleas	e write none in blank)
ASSETS	DEBTS
Cash in banks	Debt to banks
Accounts and	House
notes receivable	Auto
Investments-	Medical bills
(bonds, stock, etc.)	Debts to finance companies
Real Estate: Location Use	Other Dehts:
Use Automobile or other vehicles (type & year)	Other Debts:
	TOTAL DEBTS:
Recreational vehicles	
Farm equipment	MONTHLY OBLIGATIONS
Other assets	Rent/Mortgage
List & describe all anticipated income such as land	Rent to own
Sales, expected gifts, inheritance, trusts, allotments,	Daycare
Or expected future payment of any kind	Electricity
TOTAL ASSETS:	Water & Sewer
Do you own or are you buying your house or trailer home?	Gas-fuel oil (heat)
Yes No Payment \$	Gasoline (auto)
Yes No Payment \$ If you rent a house, apartment, or trailer home, what is your	Insurance
Rent?\$	Telephone
Name/address/telephone # of landlord:	Cable
	Credit Cards
COMMENTS	OTHER
SECTION III – INCOME INFORMATION (Previous Tax Year)	
Last year's gross income (YOU MUST PROVIDE LAST YEAR'S FI	EDERAL 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.)

Claim # Previous Last Tex Vear Claim # Previous Last Tex Vear Claim # Previous Last Tex Vear Claim # Month Vear Gotal Security SI	APPLICANT			OTHER HOUSEHOLD MEMBERS		
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SECTION V-MISCELLANEOUS INFORMATION

Has any household member received assistance from any other agency in the past 30 days? YesNo Explain
Does any household member expect to receive income this month (not reported above)? YesNo
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
APPLICANT
Subscribed and sworn to before me thisday of, 20
Name and Title
COMMENTS/ACTIONS: