

APPLICATION FOR COUNTY RENT/UTILITY ASSISTANCE

Date: _____ Total Amount of assistance necessary: \$ _____

Rent: \$ _____ Utilities: \$ _____ Other: (explain) _____ \$ _____

SECTION I – PERSONAL AND HOUSEHOLD DATA: (Print)

APPLICANT: LAST NAME FIRST M.I. DATE OF BIRTH SOCIAL SECURITY #

CO-APPLICANT: LAST NAME FIRST M.I. DATE OF BIRTH SOCIAL SECURITY #

STREET ADDRESS (and mailing, if different)

CITY STATE ZIP CODE PHONE #

I have lived at the above address since: Month _____, Day _____, Year _____
 Prior to that I lived at _____, How Long: _____

INCOME GUIDELINES:	Household size	Monthly Income	Annual Income
(Gross Monthly/Annual Income)	1	1,012.00	12,144.00
(revised 2/2018)	2	1,372.00	16,464.00
	3	1,732.00	20,784.00
	4	2,092.00	25,104.00
	5	2,452.00	29,424.00
	6	2,812.00	33,744.00
(For families/households with more than 8 persons, add \$4,320.00 for each additional person)	7	3,172.00	38,064.00
	8	3,532.00	42,384.00

If you have special circumstances you want considered, that would allow deviation from the income guidelines, please provide a detailed explanation: (Please Print)

MARITAL STATUS: (Circle One): Single - Married - Separated - Divorced - Widow (er)

If married give spouses name and date of marriage: _____

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

VETERAN: Are you or anyone in your household a Veteran (circle one)? Yes or No If yes please explain: _____

JOB SERVICE: Are all household members able to work registered at Job Service (circle one)? Yes or No
OTHER HOUSEHOLD MEMBERS: (if more space is needed provide information on back)

	NAME	Date of Birth	Relationship	Social Security #
1				
2				
3				
4				
5				
6				

OCCUPATION (S): of household members (over 18) List current job and last 2 jobs held **Provide Pay Stubs**

<u>Applicant</u>	Employer	Dates	Job Title	Wages	Hours	Reason Left
<i>Current</i>						
<i>Past</i>						
<i>Past</i>						

COMMENTS:

<u>Co-Applicant</u>	Employer	Dates	Job Title	Wages	Hours	Reason Left
<i>Current</i>						
<i>Past</i>						
<i>Past</i>						

COMMENTS:

	Employer	Dates	Job Title	Wages	Hours	Reason Left
<i>Current</i>						
<i>Past</i>						
<i>Past</i>						

COMMENTS:

SECTION II: (INCLUDE INFORMATION FOR TOTAL OF ALL HOUSEHOLD MEMBERS)

ASSETS	Value	DEBTS	
Cash in Banks: (savings & Checking)	\$	Debts to Bank	\$
Investments (bonds, Stocks, etc.)	\$	House Payments	\$
Real Estate (location)		Auto Payments	\$
Use:	\$	Recreational Vehicles	\$
Vehicles and/or Recreational Vehicles: (type & year)		Medical Bills	\$
#1	\$	Other Bills (Please List)	\$
#2	\$	#1	\$
#3	\$	#2	\$
Farm Equipment:	\$	Total Debt	\$
Other Assets:	\$	MONTHLY OBLIGATIONS	
	\$	Rent	
List & Describe all anticipated income		Day Care	
such as land sales, trusts, gifts, allotments,		Electricity	
inheritances, or expected payments on any kind:		Gas/Propane Heat	
#1	\$	Water & Sewer	
#2	\$	Gasoline (auto)	

#3	\$	Insurances: Medical, Life, Car	
#4	\$	Other (explain)	
Total Assets	\$	Total Obligations	\$

SECTION III. INCOME TAX INFORMATION:

Last Year's Gross Income: \$ _____ You must provide most recent years Federal Income Tax Form.
 Comments: _____

SECTION IV. INCOME INFORMATION: (Complete on all household members)

APPLICANT	AMOUNT		CO-APPLICANT	AMOUNT	
	Monthly	Yearly		Monthly	Yearly
Social Security	\$	\$	Social Security	\$	\$
SSI	\$	\$	SSI	\$	\$
Wages	\$	\$	Wages	\$	\$
Self-Employ Wages	\$	\$	Self-Employ Wages	\$	\$
Veterans Benefits	\$	\$	Veterans Benefits	\$	\$
Military Benefits	\$	\$	Military Benefits	\$	\$
National Guard	\$	\$	National Guard	\$	\$
BIA / GA	\$	\$	BIA / GA	\$	\$
Lease Payments	\$	\$	Lease Payments	\$	\$
ADC	\$	\$	ADC	\$	\$
Foster Care	\$	\$	Foster Care	\$	\$
Unemployment	\$	\$	Unemployment	\$	\$
Workers Comp	\$	\$	Workers Comp	\$	\$
Vacation/Sick Pay	\$	\$	Vacation/Sick Pay	\$	\$
Retirement	\$	\$	Retirement	\$	\$
Strike Benefits	\$	\$	Strike Benefits	\$	\$
Child Support	\$	\$	Child Support	\$	\$
Alimony	\$	\$	Alimony	\$	\$
Food Stamps	\$	\$	Food Stamps	\$	\$
L.I.E.A.P.	\$	\$	L.I.E.A.P.	\$	\$
W.I.C.	\$	\$	W.I.C.	\$	\$
Subsidized Housing	\$	\$	Subsidized Housing	\$	\$
Other Income	\$	\$	Other Income	\$	\$
Insurance Settlement	\$	\$	Insurance Settlement	\$	\$
Insurance Cash Value	\$	\$	Insurance Cash Value	\$	\$
Scholarships	\$	\$	Scholarships	\$	\$
School Loans / Grants	\$	\$	School Loans / Grants	\$	\$
Total Income	\$	\$	Total Income	\$	\$

SECTION V. MISCELLANEOUS INFORMATION:

APPLICANT:	Can your parents provide you with assistance? Yes or No
	Explain:
<i>Fathers Name:</i>	
<i>Fathers Address:</i>	
<i>Employed by:</i>	As a: _____
<i>Mothers Name:</i>	

Mothers Address:	
Employed by:	As a: _____
CO-APPLICANT:	Can your parents provide you with assistance? Yes or No
	Explain:
Fathers Name:	
Fathers Address:	
Employed by:	As a: _____
Mothers Name:	
Mothers Address:	
Employed by:	As a: _____

EDUCATION: Years of Education Applicant: _____ Specialized Training: _____

Years of Education Co-Applicant: _____ Specialized Training: _____

Other Adult Household Member Years of Education: _____ Specialized Training: _____

Adults presently enrolled in school (circle one)? Yes or No : If yes please explain: _____

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

Does any household member expect to receive income this month that was not reported above? Yes or No
Explain: _____

SECTION IV. 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 constitute a violation of law.
- I understand that a **lien** in the amount of any county assistance I receive will be filed against me, and any real or personal property owned by me.
- I understand that I am responsible to **repay** to Lawrence County any county assistance granted to me.
- I understand that any delinquent account will be turned over to a collection agency and interest will be charged.
- I understand that if I am not satisfied with the decision of this office I may appeal to the County Commissioners.
- I swear (or affirm) that the statements made herein are true and correct to the best of my knowledge.

Signature of Applicant

Signature of Co-Applicant

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

(SEAL)

Notary Public

AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION

Applicant Name SS# Date of Birth

Address

State Zip Code Phone #

County of Residence

CO - Applicant Name SS# Date of Birth

Address

State Zip Code Phone #

County of Residence

I _____ and _____,
hereby authorize any individual, agency, institution, or facility to supply financial information to the
County of my residence concerning myself and/or my family and to allow inspection and reproduction
of financial records in the individual's, agency's, institutions, or facility's possession pertaining to me
and/or my family. I further authorize the County to release such financial information to providers or
cooperating state or federal agencies.

This authorization is given only in connection with its use by the County in the administration of its
programs under the provisions of SDCL chapters 28-13, 28-13A, and 28-14. I understand that the
information will be considered confidential and shared only with individuals, agencies, institutions, or
facilities assisting with my financial needs.

A photocopy of this release shall be as valid as the original and shall continue in affect until such time
as I notify the County that it is no longer valid.

Dated this _____ day of _____, 20_____.

Applicant Signature

Co-Applicant Signature

**AGREEMENT TO REFRAIN FROM GAMING &
COUNTY ASSISTANCE REPAYMENT AGREEMENT**

Whereas, Lawrence County has provided public assistance to the undersigned person,
and

Whereas, gaming activity by the undersigned would be contrary to his/her financial
condition which has necessitated the receipt of financial assistance;

Now Therefore, The undersigned does hereby agree that as a condition for receiving
the aforementioned public assistance, I shall refrain from any type of gaming activity
whether authorized by law or otherwise. I understand and agree that in the event I
should participate in gaming activity within sixty (60) days of the receipt of public
assistance, Lawrence County reserves the right to terminate any further assistance and to
seek immediate reimbursement for the public assistance previously received.

I further agree to repay to Lawrence County \$ _____ per month
until all County Assistance granted to me has been repaid in full. I further understand
that any delinquent account will be turned over to a collection agency and interest will
then be charged.

Dated this _____ day of _____, 20 _____.

Applicant Signature

Co-Applicant Signature

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

(SEAL)

Notary Public