

## 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: \_\_\_\_\_

| <b>INCOME GUIDELINES:</b>                                                                            | <b>Household size</b> | <b>Monthly Income</b> | <b>Annual Income</b> |
|------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|----------------------|
| <b>(Gross Monthly/Annual Income)</b>                                                                 | <b>1</b>              | <b>1,064.00</b>       | <b>12,768.00</b>     |
| (revised 02/2020)                                                                                    | <b>2</b>              | <b>1,437.00</b>       | <b>17,244.00</b>     |
|                                                                                                      | <b>3</b>              | <b>1810.00</b>        | <b>21,720.00</b>     |
|                                                                                                      | <b>4</b>              | <b>2184.00</b>        | <b>26,208.00</b>     |
|                                                                                                      | <b>5</b>              | <b>2557.00</b>        | <b>30,684.00</b>     |
|                                                                                                      | <b>6</b>              | <b>2930.00</b>        | <b>35,160.00</b>     |
| <b>(For families/households with more than 8 persons, add \$4,480.00 for each additional person)</b> | <b>7</b>              | <b>3304.00</b>        | <b>39,648.00</b>     |
|                                                                                                      | <b>8</b>              | <b>3677.00</b>        | <b>44,124.00</b>     |

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

|  |
|--|
|  |
|  |
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|  |
|  |
|  |
|  |

**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:                                      | \$    | <b>Total Debt</b>          | \$ |
| Other Assets:                                        | \$    | <b>MONTHLY OBLIGATIONS</b> |    |
|                                                      | \$    | 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)                |           |
| <b>Total Assets</b> | <b>\$</b> | <b>Total Obligations</b>       | <b>\$</b> |

**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 | \$        | \$        |
|                       |           |           |                       |           |           |
| <b>Total Income</b>   | <b>\$</b> | <b>\$</b> | <b>Total Income</b>   | <b>\$</b> | <b>\$</b> |

**SECTION V. MISCELLANEOUS INFORMATION:**

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

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

|                       |          |               |
|-----------------------|----------|---------------|
| _____                 |          |               |
| <b>Applicant Name</b> | SS#      | Date of Birth |
| _____                 |          |               |
| Address               |          |               |
| _____                 |          |               |
| State                 | Zip Code | Phone #       |
| _____                 |          |               |
| County of Residence   |          |               |

|                            |          |               |
|----------------------------|----------|---------------|
| _____                      |          |               |
| <b>CO - Applicant Name</b> | 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