

**MEADE COUNTY
APPLICATION FOR RENT / UTILITY / BURIAL ASSISTANCE**

Date: _____ Total Amount of Assistance Necessary: \$ _____

Rent: \$ _____ Utilities: \$ _____ Burial: \$ _____ (\$1,170 Cremation or \$2000 Burial)

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	1,073.00	12,880.00
(revised 01/2021)	2	1,452.00	17,420.00
	3	1,830.00	21,960.00
	4	2,208.00	26,500.00
	5	2,587.00	31,040.00
	6	2,965.00	35,580.00
(For families/households with more than 8 persons, add \$4,540.00 for each additional person)	7	3,343.00	40,120.00
	8	3,722.00	44,660.00

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 Previous Pay Stub**

<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/Mortgage	
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	\$

If mortgage and/or car payment is listed as monthly obligation, you **MUST** provide a Mortgage Statement and/or Verification of Loan payment.

SECTION III. INCOME TAX INFORMATION:

Last Year's Gross Income: \$ _____ You **MUST** provide most recent years Federal Income Tax Form AND last 3 months of bank statements.

Comments: _____

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

	AMOUNT	AMOUNT		AMOUNT	AMOUNT
APPLICANT	Monthly	Yearly	CO-APPLICANT	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	\$	\$

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 Meade 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

Reviewed by: _____ Approved or Denied Date _____

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

COUNTY ASSISTANCE REPAYMENT AGREEMENT

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

I further agree to repay to Meade County \$_____ per month, starting _____ 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)

WAGE ASSIGNMENT

I, _____, of _____, hereby
assign

First and Last Name

Address

\$_____ per pay period from my wages at _____
to be paid

Employer

to the Meade County Auditor's Office and deducted from my wages. This assignment is to remain
effective until I am no longer employed with _____ or until the total
amount of _____

Employer

\$_____ has been paid, whatever event occurs first.

Signature

Date

Witness

Date