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	
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 the law.	a violation
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
day of	_,
Name and Title	
Name and Title	
COMMENTS/ACTION:	
	······································

DAVISON COUNTY 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):				-		,		
assistance win be asset for j.								
SECTION 1 - PERSONAL AND	HOUSEHOLD DA	TA: PLEASE P	RINT EXCEPT S	SIGNATURES				
Last Name	First	First (M) Date of Birth				Social Security No		
Residence - Street Address		Mailing Address			Phone No.			
City	***************************************	Sta	ate			Zip Code		
I have lived at the above address	since: Month		Da	ay	Yea	ar		
Prior to that I lived at:	Month		Da	av	Yei			
OTHER HOUSEHOLD MEMBER				• • • • • • • • • • • • • • • • • • • •				
Name	Date of	f Birth	Relatio	onship	Social Security No.			
1,								
2								
3								
4								
5								
6								
f married, give town, place and d f formerly married, list name of fo	ormer spouse(s) da	ate of marriage, NT)						
I. a. my father's name is					Andrew Control			
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	DENTO HAVE	······································			as a			
OTHER INCOME(S) MY PAI								
3. Can your parents provide you a	issistance? Explai	n						
SOCIAL HISTORY (to be comple	ted by OTHER AD	OULT HOUSEHO	OLD MEMBERS)					
. a. my father's name is				***				
b. my father's address is								
c. my father is employed at					_ as a			
. a. my mother's name is								
b. my mother's address is								
c. my mother is employed at					_ as a			
OTHER INCOME(S) MY PAR	RENTS HAVE				***************************************			
. Can your parents provide you a								
learest relative other than parents	s:			 				
Name								
an your relative provide you with								

Other Specialized Training							
Adults presently enrolled in school? YesNoExplain_							
OCCUPATION(s) of household members (over 18). List current j							
HOUSEHOLD MEMBER EMPLOYER DATES							
3.							
)							
3							
Are all members of your household who are able to work register							
Explain:							
SECTION 11 - HOUSEHOLD ASSETS AND DEBT (If none, plea							
ASSETS	DEBTS						
Cash in banks	Debts to banks						
Accounts and	House						
notes receivable	Auto						
nvestments - (bonds, stocks, etc.)	Medical bills						
Real Estate: Location	Debts to finance companies						
Use							
Automobile or other vehicles (type & year)	Other Debts:						
Recreational vehicles	TOTAL DEBTS:						
arm equipment	MONTHLY OBLIGATIONS						
Other assets	Rent/Mortgage						
ist and describe all anticipated Income such as land sales,	Rent to own						
expected gifts, Inheritance, trusts, allotments, or expected	Day Care						
uture payments of any kind:	Electricity						
OTAL ASSETS:	Water & Sewer						
o you own or are you buying your house or trailer home?	Gas - fuel oil (heat)						
es NoPayment \$	Gasoline (auto)						
you rent a house, apartment, or trailer home, what is your	Insurance (medical-car-life)						
ent? \$	Telephone						
lame/address/telephone # of landlord:	Cable						
	Credit Cards						
COMMENTS:	Other						
SECTION III - INCOME INFORMATION (Previous Tax Year)							
ast year's gross income (YOU MUST PROVIDE LAST YEAR'S MENTATION TO PROVE INCOME FOR LAST TAX YEAR).	FEDERAL INCOME TAX FORM OR OTHER SUITABLE DOCU						

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				AMAZON - AMAZON				
National Guard								
BIA/GA				-				
Lease Payments				-				
ADC-AFDC								
Foster Care								
Food Stamps				-				
LIEAP								
Wages (employment	i)							
Income (self-employ)							
Unemployment Com	p.							
Workman's Comp.								
Vacation/Sick Pay				* production and the second				
Retirement								
Strike Benefits				***************************************				
Alimony								
Child Support								
WIC								
Subsidized Housing				•				
Utility Allowance								
Other Income								
Insurance Settlemen	t			•				
Insurance Cash Valu	16			-				
Scholarships				- Table descriptions are not			-	
Loans/ Grants				-				
Total Income								