**Davison County Welfare**

3200 W Havens

Mitchell, SD 57301

Phone: 605-995-8611

Email: [christinen@davisoncounty.org](mailto:christinen@davisoncounty.org)

ALONG WITH YOUR COMPLETED APPLICATION FOR ASSISTNCE YOU MUST PROVIDE VERIFICATION OF THE FOLLOWING INFORMATION IF IT APPLIES TO YOU:

**INCOME:** LAST 90 DAYS WAGES

AWARD LETTER (SOCIAL SECURITY, SSDI, SSI, ECT)

RETIREMENT/WORKMEN’S COMPENSATION

CHILD SUPPORT

ANY OTHER INCOME

IF SELF EMPLOYED-LAST YEARS TAX RETURN

**EXPENSES:** RENT RECEIPT AND SIGNED AND DATED LEASE AGREEMENT

MORTGAGE PAYMENT

PROPERTY TAXES

UTILITIES (GAS, ELECTRIC, WATER)

TELEPHONE (CELL AND/OR LANDLINE) MAX ALLOWED $50

INSURANCE: MEDICAL/AUTO/LIFE/RENTER/HOMEOWNERS

MEDICAL BILLS

COURT ORDERED CHILD SUPPORT/ALIMONY

VEHICLE PAYMENT (BALANCE AND MONTHLY PAYMENT)

DAYCARE EXPENSES, NON FAMILY

STUDENT LOANS

INSTALLMENT LOAN

INTERNET (MAX ALLOWED $50)

CREDIT CARDS/PAYDAY LOANS

MEDICATION (PRINTOUT OF LAST 60 DAYS EXPENSE)

GROCERIES (SNAP AWARD LETTER IF BENEFITS RECEIVED)

**COPY OF PHOTO ID AND SOCIAL SECURITY CARD REQUIRED**

\*\*\*UNLESS OTERWISE NOTED, VERIFICATION PROVIDED SHOULD BE FOR THE PREVIOUS MONTH\*\*\*