**Davison County Welfare**

3200 W Havens

Mitchell, SD 57301

Phone: 605-995-8611

Email: 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\*\*\*