

ECONOMIC LIEN

Application



Applicant Name: _____

Date of Request: _____

APPLICANTS INFORMATION

First Name: _____ Last Name: _____

Birth Date: _____ Born Gender Male Female

Social Security Number: _____ Cell Phone: _____

Address: _____

Email Address: _____

Marital Status: Married Single Divorced Widowed Other: _____

How long have you lived in Beadle County? _____

Are you a citizen of the USA: _____

SPOUSE/SIGNIFICANT OTHER INFORMATION

Full Name: _____

Social Security Number: _____ Birth Date: _____

Address: _____

Cell Phone: _____ Email Address: _____

Are you a citizen of the USA: _____ How long have you lived in Beadle County? _____

LIST ALL HOUSEHOLD MEMBERS YOU ARE RESPONSIBLE FOR:

Full Name: _____ Birth Date: _____

Full Name: _____ Birth Date: _____

Full Name: _____ Birth Date: _____

Full Name: _____ Birth Date: _____

What is your relationship: Child Spouse Other explain: _____

ECONOMIC REQUEST AND INFORMATION OF SUPPORT

Type of Assistance: _____ Amount requested: \$ _____

Can your relative/s provide you with financial assistance? _____ explain: _____

What is the due date of your bill? _____ Do you back owe money to the supplier? _____ explain: _____

Explain why you need financial support? _____

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APPLICANT FINANCIAL RESOURCES

Do you receive other sources of income: _____ if so, explain: \$ _____

Have you received IRS tax return ? _____ how much \$ _____ if no, explain:

Are you currently receiving any loans, grants or stipends for living expenses? _____
how much \$ _____ if yes, explain: _____

- Do you have any of the following: (check if yes)
- Retirement Plan _____
 - IRA's _____
 - Stocks _____
 - Investments _____
 - CD's _____

Please provide the most recent copy of the statement/s

- Do you have any of the following: (check if yes)
- Saving Account \$ _____
 - Checking Account \$ _____
 - Disability Income \$ _____
 - Other money holding institutions? _____

Provide last 90 days of your bank statement/s

APPLICANT EQUITY

- Do you have any of the following: (check if yes)
- Real Estate: Own _____ or Payoff Amount \$ _____ Value of Property \$ _____
 - Business Property: Own _____ or Payoff Amount \$ _____ Value of Business \$ _____
 - Recreational Vehicles: (list all) Own _____ or Payoff Amount \$ _____ Value \$ _____

 Vehicles: (list all) Own _____ or Payoff Amount \$ _____ Value \$ _____

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APPLICANT EMPLOYMENT INFORMATION

Applicant's Place of Employment: _____

Full Time Part Time _____ hrs/week

When did you start working here? _____ Hourly Rate: \$ _____

Are you registered with the Department of Labor? _____

Previous Employer: _____ Start and End Date: _____

Previous Employer Address: _____ Why did you leave: _____

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Previous Employer Address: _____ Why did you leave: _____

I, understand that, in accordance with SDCL 28-14-7, a lien will be filed against me and my spouse and any real estate property that is owned or have any legal interest in, for any assistance given by Beadle County. I further understand that I have been requested to make repayments to Beadle County for assistance given. I plan to start my first payment on, _____ (date) in the amount of \$ _____, every _____ (week/s or month). Should there be no action made on repaying this lien, my spouse and I will be subject to collection.

Applicant signature : _____ Spouse signature: _____

Date: _____

I, the undersigned applicant or representative. understand that the making of false statements as to financial status or other required information in the above application with knowledge of such falsity, may be a crime in violation of SDCL 28-13-16.2.

Applicant signature: _____ Spouse/Significant Other signature: _____

Date: _____

Additional information:
