



AUTHORIZATION TO FURNISH INFORMATION
 AND RELEASE INFORMATION

To whom it may concern:

I hereby authorize any person, agency, or institution including the Social Security Administration to supply information requested by the Beadle County Human Services Office, concerning me or my family, and to allow inspection and reproduction of records in his or their possession pertaining to me or my family by any duly authorized representative of Beadle County Human Services.

I further authorize the Department of Social Services and the South Dakota Career Center(s) to release such information to providers or cooperating County, State, or Federal agencies.

I herewith release any person, agency or institution from any and all liability to me or my family for supplying such information.

This authorization is given only in connection with its use by the Beadle County Human Services Office in its administration of its programs and for no other purpose. It shall continue in effect until such time as I state, in writing, to the Beadle County Human Services Office that it is no longer valid.

 Signature Date

Information requested: _____

Person Furnishing Information: _____

Date: _____



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): _____

SECTION 1 - PERSONAL AND HOUSEHOLD DATA: PLEASE PRINT EXCEPT SIGNATURES

Last Name _____ First _____ (M) _____ Date of Birth _____ Social Security No. _____

Residence - Street Address _____ Mailing Address _____ Phone No. _____

City _____ State _____ Zip Code _____

I have lived at the above address since: Month _____ Day _____ Year _____

Prior to that I lived at: _____ Month _____ Day _____ Year _____

OTHER HOUSEHOLD MEMBERS:

	Name	Date of Birth	Relationship	Social Security No.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

MARITAL STATUS: (circle one) Single Married Separated Divorced Widow Widower

If married, give town, place and date of marriage: _____

If formerly married, list name of former spouse(s) date of marriage, divorce, death or separation _____

SOCIAL HISTORY: (to be completed by APPLICANT)

- 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 PARENTS HAVE _____

3. Can your parents provide you assistance? Explain _____

SOCIAL HISTORY (to be completed by OTHER ADULT HOUSEHOLD 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 PARENTS HAVE _____

3. Can your parents provide you assistance? Explain _____

Nearest relative other than parents:

Name _____ Address _____

Can your relative provide you with assistance? Yes _____ No _____ Explain _____

I (am) (am not) a veteran. Other household members (are) (are not) veterans. (circle correct responses)

EDUCATION: ADULT HOUSEHOLD MEMBERS 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Other Specialized Training _____

Adults presently enrolled in school? Yes ____ No ____ Explain _____

OCCUPATION(s) of household members (over 18). List current job and last three jobs FOR EACH PERSON.

HOUSEHOLD MEMBER	EMPLOYER	DATES	JOB TITLE	WAGES	HOURS/WK	WHY LEFT
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1. _____

2. _____

3. _____

1. _____

2. _____

3. _____

Are all members of your household who are able to work registered with Job Service? Yes ____ No ____

Explain: _____

SECTION 11 - HOUSEHOLD ASSETS AND DEBT (If none, please write none in blank)

ASSETS

Cash in banks _____

Accounts and notes receivable _____

Investments - (bonds, stocks, etc.) _____

Real Estate: Location _____

Use _____

Automobile or other vehicles (type & year) _____

Recreational vehicles _____

Farm equipment _____

Other assets _____

List and describe all anticipated Income such as land sales, expected gifts, Inheritance, trusts, allotments, or expected future payments of any kind: _____

TOTAL ASSETS: _____

Do you own or are you buying your house or trailer home?

Yes ____ No ____ Payment \$ _____

If you rent a house, apartment, or trailer home, what is your rent? \$ _____

Name/address/telephone # of landlord: _____

COMMENTS: _____

DEBTS

Debts to banks _____

House _____

Auto _____

Medical bills _____

Debts to finance companies _____

Other Debts: _____

TOTAL DEBTS: _____

MONTHLY OBLIGATIONS

Rent/Mortgage _____

Rent to own _____

Day Care _____

Electricity _____

Water & Sewer _____

Gas - fuel oil (heat) _____

Gasoline (auto) _____

Insurance (medical-car-life) _____

Telephone _____

Cable _____

Credit Cards _____

Other _____

SECTION III - INCOME INFORMATION (Previous Tax Year)

Last year's gross income (YOU MUST PROVIDE LAST YEAR'S FEDERAL INCOME TAX FORM OR OTHER SUITABLE DOCUMENTATION TO PROVE INCOME FOR LAST TAX YEAR).

COMMENTS: _____

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							
National Guard							
BIA/GA							
Lease Payments							
ADC-AFDC							
Foster Care							
Food Stamps							
LIEAP							
Wages (employment)							
Income (self-employment)							
Unemployment Comp.							
Workman's Comp.							
Vacation/Sick Pay							
Retirement							
Strike Benefits							
Alimony							
Child Support							
WIC							
Subsidized Housing							
Utility Allowance							
Other Income							
Insurance Settlement							
Insurance Cash Value							
Scholarships							
Loans/ Grants							
Total Income							

VERIFICATION LIST

Along with your completed application for county lien assistance you must provide currant verification of the following information that applies to you:

Copy:

Photo ID
Social Security Card

INCOME:

Last 90 days of wages
Award Letters (Social Security, SSDI, SSI, ect.)
Retirement/Workmen's Compensation
Child Support
Tax Return (most recent)
Any other Income

EXPENSES:

Lease Agreement
Rent or Mortgage Receipt
Property Taxes
Utilities (Water, Electric, Gas)
Cell Phone or Landline
Insurance (Renters, Homeowners, Life, Auto, Medical)
Medical Bills
Court Ordered Child Support or Alimony
Vehicle Payment
Daycare Expense
Student Loans
Rent to Own
Cable
Internet
Credit Card Statement
Payday Loan
Print out of Pharmacy Expenses (Last 60 days)
SNAP Award Letter/ Grocery
Auto Expenses Estimate

County Monthly Expense Worksheet - _____

Type of Expense

Monthly Amount

*Require documentation: receipts; lease agreement; loan contract; copy of bill; etc.

*Rent/Mortgage

*Property taxes

*Utilities (Gas/Electric/Water

Income

*Telephone (cell/land line)
(Max \$50.00

*Insurance: Medical/auto/life/
Renters/homeowners

*Medical Bills

*Court ordered child support

*Court ordered alimony

*Automobile payment

*Daycare expense

*Student loans

*Installment loans

*Rent to own

*Cable/Internet (Max \$50.00)

*Credit cards/Payday Loans

*Medication (printout of last 60
days expense)

Groceries

Auto Expense (avg. monthly
estimate) Re: gas, repairs, license, etc.

Clothing (avg. monthly estimate)

Miscellaneous Expense (5%)

(Monthly estimate) Re: entertainment, personal products, pet expense, etc.

Total