

APPLICATION FOR COUNTY ASSISTANCE

County of Residence: _____ Amount Requested: _____

Date: _____ Type of Assistance: _____

Applicant's Full Name: _____

AKA (Also Known As): _____

Address: _____

Telephone Number: Home: _____ Work: _____

Amount requested for each: Rent _____ Utilities _____

Medication _____ Medical _____ Dental _____

Funeral _____ Other (explain) _____

Please give a brief description of why you are asking for county assistance: _____

For Office Use Only, Do not Complete: Current Lien Holder: Yes _____ No _____

Amount owed: _____ Date of Last payment _____

Is Lien Holder current on payments Yes _____ No _____

Applicant's SSN: _____ DOB: _____

Please list any other Social Security numbers that you have used: _____

Marital Status (circle one): Married Separated Divorced Single Widowed

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

Are you a citizen of the United States: Yes _____ No _____

If not, what is your status: _____

Does anyone else claim you as a dependent on their income tax return: Yes _____ No _____

Nearest Living Relative name and address: _____

Can or does a parent or relative provide you with assistance: Yes _____ No _____

If yes, who and what type of assistance: _____

HISTORY OF RESIDENCE

How long have you lived in Custer County: _____

Previous address: _____ County: _____

Did you or your spouse move to this county for purposes of medical care: Yes ____ No ____

If yes, please explain: _____

PLEASE COMPLETE SPOUSE INFORMATION IF NOT LEGALLY DIVORCED

Spouse's Full Name: _____

AKA (Also Known As): _____

Maiden Name (if applicable): _____

Address: _____

Telephone Number: Home: _____ Work: _____

SSN: _____ DOB: _____

Please list any other Social Security numbers that spouse has used: _____

SIGNIFICANT OTHER TO WHOM NOT LEGALLY MARRIED

Full Name: _____

AKA (Also Known As): _____

SSN: _____ DOB: _____

**PLEASE LIST ALL OTHER HOUSEHOLD MEMBERS FOR WHOM
YOU ARE RESPONSIBLE**

Full Name: _____

SSN: _____ DOB: _____

Full Name: _____

SSN: _____ DOB: _____

Full Name: _____

SSN: _____ DOB: _____

Full Name: _____

SSN: _____ DOB: _____

Full Name: _____

SSN: _____ DOB: _____

Are you a Native American: Yes _____ No _____ Are you a Veteran: Yes _____ No _____

If you are enrolled in a tribe, what tribe: _____

If you are a Veteran, are you enrolled with the V.A. Hospital: Yes _____ No _____

MEDICAL INFORMATION

Does anyone in your home have any physical or mental problems: Yes _____ No _____

Was this illness an emergency: Yes _____ No _____ Date of emergency: _____

If yes, please explain: _____

If no, please list date of scheduled service: _____

Has your doctor authorized you to return to work: Yes _____ No _____

If no, when is your anticipated date of return: _____

Have you tried to make reasonable payments to the hospital: Yes _____ No _____

If yes, how much and how often: _____

Did the hospital refuse payment arrangements: Yes _____ No _____

LEGAL CLAIM INFORMATION

Are you or your spouse currently, or have you ever been involved in a law suit: Yes _____ No _____

If yes, briefly explain: _____

Please provide the name, address and telephone number of the attorney in your lawsuit:

If lawsuit has been settled, list settlement date, amount and terms: _____

Do you have a pending, or have you ever filed a worker's compensation claim: Yes _____ No _____

If yes, specify who the claim is/was against and the date of the incident: _____

EMPLOYMENT INFORMATION

Applicant's current employer: _____

Address: _____ Telephone: _____

Hourly rate of pay: _____ Hours per week: _____

Date of employment: _____

Is/was health insurance provided/offered: Yes _____ No _____

Date eligible: _____ Amount you pay for insurance: _____

Are all members of your household who are able to work registered with Job Service:

Yes _____ No _____ If no, please explain: _____

EMPLOYMENT INFORMATION FOR SPOUSE/SIGNIFICANT OTHER

Current employer: _____

Address: _____ Telephone: _____

Hourly rate of pay: _____ Hours per week: _____

Date of employment: _____

Is/was health insurance provided/offered: Yes _____ No _____

Date eligible: _____ Amount you pay for insurance: _____

Previous employment history - Please list the last three jobs held for each person:

Household Member	Employer	Dates	Job Title	Wage per month	Reason for leaving

MONTHLY INCOME/ASSISTANCE INFORMATION

TYPE	APPLICANT'S AMOUNT	SPOUSE/OTHER NAME	SPOUSE/OTHER'S AMOUNT
Salary, Wages, Commissions, Bonuses			
Social Security			
SSI/SSD			
VA Benefits			

Nat'l Guard/Reserve			
BIA/GA Tribal Funds			
Lease Payments			
TANF			
Foster Care			
Disability Insurance Payments			
Self-Employment			
Unemployment Benefits			
Worker's Compensation			
Vacation/Sick Leave			
Retirement			
Strike Benefits			
Alimony			
Child Support			
Insurance Settlement			
Insurance Face Value			
Interest, Dividends, Rents, Royalties, Investment Gains			
IRS Refund			
WIC			
SNAP			
Energy Assistance			
Subsidized Housing			
Child Care Assistance			
Utility Allowance			

ASSETS

Type	Amount	Account Number
Checking Accounts		
Savings Accounts		
One Time Capital Gains		
Mutual Funds/Bonds		
IRA's/ Retirement Plan		
Annuities		
Investments/Stocks		
CD's		
Money Markets		

Have you or your spouse received or anticipate receiving an IRS refund: Yes _____ No _____

If yes, please specify: Amount of the refund _____ date received _____

or the anticipated date of receipt: _____

Have you applied for Social Security Disability benefits: Yes _____ No _____

If yes, please specify the date of application: _____ Status of application: (mark one) Pending _____ Approved _____ In appeal _____ Hearing date: _____

Have you ever received a lump sum from Social Security for retroactive pay:

Yes _____ No _____ If yes, date received and how much: _____

Are you currently receiving any loans, grants, stipends or scholarships for living expenses (not tuition or books) while attending a post-secondary school: Yes _____ No _____

Please specify the amount received and the time frame it covers: _____

Have you or your spouse been the beneficiary of or do you anticipate an inheritance:

Yes _____ No _____ If yes, what amount: _____ When: _____

Are you or your spouse listed on a joint account with another individual: Yes _____ No _____

If yes, please specify the name of the other individual, a description of the account, the holder of the account and the account number. _____

Has any household member applied or received assistance from any other agency in the past 30 days: Yes _____ No _____ If yes, what type: _____

PROPERTY VALUE OF HOME AND OTHER REAL PROPERTY

Property:	Current Fair Market Value	Encumbrances	Equity Value
Home/Real Estate	_____ -	_____ =	_____
Vehicles	_____ -	_____ =	_____
Recreational Vehicles	_____ -	_____ =	_____
Mobile Home	_____ -	_____ =	_____

Are you or your spouse involved in a contract for deed or lease situation either as a seller or a buyer: Yes _____ No _____ If yes, please explain: _____

Have you or your spouse sold or transferred any property within the 36 months prior to the onset of the illness or since: Yes _____ No _____ If yes, please explain: _____

BUSINESS PROPERTY

Do you or your spouse currently or have you owned a business, agricultural operation or have you been self-employed: Yes _____ No _____

If yes, please indicate the name of the business, it's location and the dates of ownership:

Equity value of equipment, property and Inventory: _____

Are you or your spouse currently a partner/silent partner in a business: Yes _____ No _____

If yes, please indicate the name of the business, its location and the dates of ownership:

MONTHLY EXPENSES

Type	Amount Paid	To Whom Paid
Rent/Mortgage		
Lot Rent		
Gas (heating, cooking)		
Electricity		
Water		
Telephone		
Groceries		
Internet		
Day Care		
Court Ordered Child Support		
Car Payments for 1 vehicle		
Medical Expenses		
Student Loans		
Gasoline & vehicle upkeep		
Medical/Dental Insurance		
Car Insurance		
Life Insurance		
House Insurance		
Lot Rent		
Other (please explain)		

Are any utilities included with your rent: Yes _____ No _____ List _____

Landlord/Mortgage Holder Name and Address: _____

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 violation of the law.

I understand that a lien in the amount of any county assistance I receive will be filed against me and any personal and real property I may now have or later acquire.

I swear (or affirm) that the statements made herein are true and correct to the best of my knowledge.

Applicant – please print name

Applicant – please sign

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My commission expires: _____

(SEAL)

General Release of information:

Name: _____

Address: _____

SSN: _____ Date of Birth: _____

I, _____, hereby authorize any individual, agency, institution or facility to supply information to Custer County concerning myself and/or my family and to allow inspection and reproduction of records in the individuals, agency's, institutions or facility's possession pertaining to myself and/or my family.

I further authorize the county to release such information to appropriate vendors or cooperating state, federal, non-profit or private agencies. This authorization is given only in connection with its use by the county in the administration of its programs under the provisions of SDCL chapters 28-13, 28-13A, and 28-14.

I understand that the information will be considered confidential and shared only with the individuals, agencies, institutions or facilities assisting with my financial needs. A photocopy of this release shall be valid as the original and shall continue in effect until such time as I notify the county that it is no longer valid.

Applicant's Signature

Date

Witness: _____

Address: _____

Witness: _____

Address: _____

PROMISSORY NOTE

Date: _____, _____ \$ _____

For value received, the undersigned promises to pay to the order of Custer County, 420 Mt. Rushmore Road, Custer, South Dakota, 57730, the principal sum of \$ _____ Dollars (\$ _____). Due and payable as follows: in monthly payments in the amount of _____ for _____ months, at which time the principal shall be paid in full. The first payment is due: _____.

Privilege is reserved to prepay at anytime, without premium or fee, the entire indebtedness or any part thereof. The makers, endorsers, sureties, and guarantors hereof hereby severally waive presentment for payment, notice of nonpayment, protest and notice of protest.

Further, this note shall be binding upon heirs, executors, and assignees of the obligator.

Further, the endorsers, sureties, and guarantors hereof severally consent that the time of payment may be extended or this note renewed without notice to them and without affecting their liability hereon.

Applicant – please print name

Applicant – please sign

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public
My commission expires: _____

(SEAL)

Eligibility Qualifications, Rights and Responsibilities:

Eligibility for County Welfare Assistance is based on several factors including:

1. Income, including current, past and/or future income
2. Value of personal and real property and other assets
3. Number of household members
4. Proof of Custer County residency
5. Proof of identification

Applicant's responsibilities:

1. Each Applicant has the responsibility to accurately report all facts necessary for the determination of eligibility, including all sources of income, any other assistance received, all savings and checking accounts, the value of any personal or real property and other assets.
2. Every applicant must report all changes in facts listed above.
3. Applicants must see out other sources of assistance.

Applicant's Rights:

1. If you are dissatisfied by the decision, you may petition directly to the County Commission by filing notice at the County Auditor's Office within 10 business days.

Counties responsibilities:

1. The County has the responsibility to investigate and verify all statements made at the time of application and thereafter.
2. The County must explain other resources and assistance is available only when other resources have been exhausted.

Lien on Property:

1. When County welfare assistance has been provided to a person, the County has a claim against that person for the value of such assistance. That claim may be enforced as a lien against the recipient's name and any property, real or personal, which the recipient and the recipient's spouse may have at the time or later acquire. This lien remains on the property until paid in full. This lien follows the person and property owned anywhere in the state.