

BEADLE COUNTY FUNERAL REQUEST

I, \_\_\_\_\_, do hereby  
certify that I do not have sufficient resources available to assist with  
funeral expenses of \_\_\_\_\_  
and do therefore request that Beadle County assist with these  
expenses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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shall continue in effect until such time as I state, in writing, to the Beadle County Human Services Office that it is no longer valid.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: \_\_\_\_\_

## VERIFICATION LIST

Along with your completed application for county lien assistance you must provide current 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** \_\_\_\_\_

# 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 \_\_\_\_\_
  - a. my mother's name is \_\_\_\_\_ as a \_\_\_\_\_  
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 \_\_\_\_\_
  - a. my mother's name is \_\_\_\_\_ as a \_\_\_\_\_  
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
------------------	----------	-------	-----------	-------	----------	----------

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



