

# Pennington County Housing and Redevelopment Commission

1805 West Fulton St Ste 101  
Rapid City, SD 57702-4358

Phone (605) 394-5350  
Fax (605) 394-5354  
Relay South Dakota 711

Name \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Family Members

<u>Name</u>	<u>Relationship to You</u>	<u>Gender</u>	<u>Birth Date</u>	<u>Social Security #</u>
_____	<u>SELF</u>	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____

## INCOME

**Mark All Sources of Income for ALL Household Member(s), And MUST Provide Copies of All Supporting Documents**

- Wages (4 Most Current Paystubs)
- Name and Phone # of Employer \_\_\_\_\_
- SS/SSI (Current Award Letter Showing Amount Received, Bank Statement Will Not Work)
- State Supplement (Benefit Letter or Bank Statement)
- VA Benefits (Award Letter)
- Self-Employment (Monthly Ledger/Ask Caseworker for Self-Employment Ledger if needed)
- Unemployment (Benefit Approval Letter)
- Worker's Comp (Benefit Letter)
- Alimony (Statement Showing Monthly Amount)
- Military/National Guard (Leave and Earning Statement)
- Child Support (Print Out for the Last 12 Months)
- Lease Land (Print Out Showing Disbursements/IIM Letter)
- TANF (Notice of Action Letter)
- SNAP (Notice of Action Letter OR Monthly Amount Received \$ \_\_\_\_\_ )
- LEIAP (Notice of Action Letter OR Amount Received \$ \_\_\_\_\_ )
- Bank Statement (Checking, Savings, Annuity, CD's, Stocks, Bonds, Retirement, 401K)

## **MEDICAL EXPENSES**

The medical expenses deduction is limited to families whose head, spouse, co-head, or sole member is at least 62 years of age or is a person with disabilities (elderly and disabled families). Expenses incurred during the last 12 months will no longer be included unless they are a continuing expense.

Do you have any Out-of-Pocket Medical Expenses?  Yes  No

If yes, please provide documentation showing what you have ongoing payments for out of your pocket for medical expenses. If documentation has not been submitted, medical expenses cannot be used as a deduction.

## **ASSETS (Must Provide Copies of Current Statements for All household members)**

Checking Account/ Name of Bank(s) \_\_\_\_\_

Savings Account/ Name of Bank(s) \_\_\_\_\_

CD's, Investments/Name of Bank(s) \_\_\_\_\_

Real Estate (owned)/Location \_\_\_\_\_

Has anyone in the household disposed of any assets in the past 2 years?  Yes  No  
What? \_\_\_\_\_ Value? \_\_\_\_\_ Received \$ \_\_\_\_\_

Are any of these accounts ABLE?  Yes  No

An ABLE account is a tax-advantaged savings account available to individuals diagnosed with significant disabilities before age 26. The account established for the benefit of an eligible individual, maintained under the qualified ABLE Program.

## **GENERAL INFORMATION**

Do you pay for Childcare?  Yes  No

*Please provide a statement from childcare provider showing amount paid and how often paid.*

Are you reimbursed for any part of your childcare cost?  Yes  No Agency or Person \_\_\_\_\_

Are any household members 18 years or older full-time students?  Yes  No

Name of Student \_\_\_\_\_ Name of School \_\_\_\_\_

*Please provide copy of proof of enrollment in school.*

Do you care for Foster Children in your home?  Yes  No If yes, how many? \_\_\_\_\_

Did you file a Federal Tax Return for the last year?  Yes  No (Please provide copy of filed tax return.)

The information I have provided is True and Correct, to the best of my knowledge. I agree that if, at a later date, additional verification information indicates this to be incorrect, I will be responsible to repay any subsidy I have received in error in accordance with my Lease and/or Section 8 Contract.

\_\_\_\_\_  
Head of Household Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email



**AUTHORIZATION  
FOR  
THE RELEASE OF INFORMATION**

Organization requesting release of information:

PENNINGTON COUNTY HOUSING AND  
REDEVELOPMENT COMMISSION  
1805 W. FULTON ST., STE. 101  
RAPID CITY, SD 57702  
(605) 394-5350

Purpose

The above-named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

Low-Income Rental Public Housing  
Section 8 Housing Assistance Payments Program

I authorize the above-named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize the Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information covered Inquiries may be made about:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family composition
- Employment, Income, Pensions, and Assets
- Federal, State, Tribal, or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

Individuals or Organizations That May Release Information:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords
- Providers of:
  - Alimony
  - Child Care
  - Child Support
  - Credit
  - Handicapped Assistance
  - Medical Care
  - Pensions/Annuities
  - Schools and Universities
  - U.S. Social Security Administration
  - U.S. Department of Veterans Affairs
  - Utility Companies
  - Welfare Agencies

Computer Matching Notice & Consent

I agree that a Public Housing Agency may conduct computer matching programs with other governmental agencies including federal, state, tribal or local agencies. The governmental agencies include:

- U.S. Office of Personnel Management
  - U.S. Social Security Administration
  - U.S. Department of Defense
  - U.S. Postal Service
  - State Employment Security Agencies
  - State Welfare and Food Stamp Agencies
- The match will be used to verify information supplied by the family.

Conditions:

i agree that photocopies of this authorization may be used for the purposes stated above.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signature, Printed Name of the Head of Household & Date  X	Signature, Printed Name of Other Adult Member of the Household and date  X
Signature, Printed Name of Other Adult Member of the Household  X	Signature, Printed Name of Other Adult Member of the Household and date  X

# AUTHORIZATION FOR THE RELEASE OF INFORMATION

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1805 W. FULTON ST., STE. 101  
RAPID CITY, SD 57702  
(605) 394-5350**

### Purpose

The above-named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

### Authorization

I authorize the release of any **Child Support information** (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

Low-Income Rental Public Housing  
Section 8 Housing Assistance Payments Program

I authorize the above-named organization to obtain a **12-month payment history on all open Child Support cases** that pertain to me or my family that is pertinent to eligibility for or participation in assisted housing programs.

Signature, Printed Name of the Head of Household & Date:          <b>X</b>	Signature, Printed Name of Spouse, Other Adult Member of the Household & Date:          <b>X</b>
Signature, Printed Name of Other Adult Member of the Household & Date:          <b>X</b>	Signature, Printed Name of Other Adult Member of the Household & Date:          <b>X</b>