

Rural Office of Community Services, Inc.
 PO Box 70 ~ Lake Andes, SD 57356
 (605)487-7634 Fax: (605)487-7883
2008 Garden Project Application

Please print clearly and complete all parts of the application.

City: _____ County: _____

Applicant Name: _____

Mailing Address:(PO Box, RR, St, etc...) _____

City, State, Zip: _____

Phone Number(s): _____ Check one: Own Rent Homeless

List every household member: List applicant/head of household first. You must provide Social Security Numbers and birthdates for all members of the household.

Race codes: W-White, B- Black, A-American Indian, H-Hispanic, I-Indochinese, O-Other.

Family Members

Full Name	SS#	DOB	Race	M/F	Relationship to HH	Disabled
1 HH				M F		Y N
2				M F		Y N
3				M F		Y N
4				M F		Y N
5				M F		Y N
6				M F		Y N
7				M F		Y N
8				M F		Y N
9				M F		Y N
10				M F		Y N

Household Income: Check all that apply

Earnings Interest General Assistance
 Self Employment Social Security SD State Fuel Assistance (LIEAP)
 Unemployment Comp. SSI Food Stamps Yes No
 TANF Pension Past 12 months income: \$ _____
 Child Support

Please enclose income verification if you were NOT on SD Fuel Assistance.

Failure to include income verification will result in delay when processing your application. Please complete reverse side.

For office use only:

Mar-08

Voucher # _____ P/S \$ _____ T \$ _____