



**City of Sioux Falls**  
S O U T H D A K O T A

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P.O. Box 7402, Sioux Falls, SD 57117-7402

Dear TRIM Assistance Program Applicant:

Thank you for your interest in the Project TRIM Assistance Program. Please complete and return the assistance application. The requested documentation must be submitted for all adult household members.

Applicant household must meet the household income requirements to be eligible for assistance. Income requirements are less than 80% of Median Family income, income limits can be found at <https://siouxfalls.org/planning-dev/planning/affordable-housing/inc-limits>

If you have any questions about the application, please contact me.

Sincerely,

Kelby Mieras  
Park Operations Manager, City of Sioux Falls Parks and Recreation  
City Center  
231 North Dakota Avenue  
605-367-8222



CITY OF SIOUX FALLS

**PARKS & RECREATION**

P.O. Box 7402  
 231 North Dakota Avenue  
 Sioux Falls, SD 57117-7402

**Park Operations**  
 605-367-8222  
 Monday–Friday  
 8 a.m.–5 p.m.

**Trim Assistance  
 Program Application**

**Applicant** \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

**Spouse** \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

**1. Complete the information below for all persons living in your home including yourself. Remember to list all people even if they are not related to you. If you need more room, please attach another sheet.**

Name of Household Members			Relationship to Head of Household (for example: spouse, child, sibling, friend)	Age	Sex		Are you a full-time student (check one)	
First	MI	Last			Female	Male	Yes	No
_____	_____	_____	Head of Household	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Does anyone in the household receive regular payments from any of the following?**

Wages from Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rental Income	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security or SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Workman's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pensions/Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Benefits (Other than SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Death Benefits and/or Life Insurance Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**3. Please list all regular payments received for all items indicated above on the following table. Remember to list for all people in the household.**

Household Member's Name	Type of Income (for example, wages, social security, child support)	Name of Source	Gross Amount Received	How often Is amount received? (yearly, monthly, bi-weekly, weekly)	If receiving wages, provide start date if employed less than 1 year

**4. Are there any adult household members who have no income?**

Yes       No

If Yes:

Name of Household Member      How does this person pay for food, shelter, transportation, clothing, and other expenses?

\_\_\_\_\_

\_\_\_\_\_

**5. Do you have homeowners insurance on this property?**

Yes       No

**6. Are you the owner of this property?**

Yes       No

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**Certification by Applicant(s):**

The Applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining assistance under the Project TRIM assistance program, and is true and complete to the best of the Applicant's knowledge and belief. Verification of any of the information contained in this application may be obtained from any source named herein.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**Return completed application and general release form to:**

**Parks and Recreation  
City Center  
P.O. Box 7402  
231 North Dakota Avenue  
Sioux Falls, SD 57117-7402  
[kmieras@siouxfalls.org](mailto:kmieras@siouxfalls.org)**