

SWA CORPORATION MANAGED HOUSING PROGRAMS

Sicangu Wicoti Awayankapi Corporation

P.O. Box 69 Rosebud, SD 57570, (605) 747-2203, Toll Free 1-888-379-3411, FAX (605) 747-2966 Attn:WL

WL Spec. email:swawllr@swacorporation.com or Hsg.Officer: swaprivatehome@swacorporation.com

Important Information

Please READ the following carefully before completing the application form. If you have questions, call Housing Information, ext 255 ask for Melissa H.L., Waiting List Specialists.

INSTRUCTIONS:

1. Please review the application carefully and answer all questions fully and accurately, all adults must sign where necessary. If you cannot fit all of the information in the space provided, add additional sheets. False statements or information are grounds for denial of the application or termination of assistance.
2. Indicate the housing programs (**Low Rental**) and developments (**Home ownership**) for which you wish to be considered. You will only be placed on the waiting lists for which you are eligible for and that you request or mark.
3. Prior to placement on a waiting list, all adults (18+) listed may be required to come in for an interview with **Required Supporting Documentation Copies of All listed:** Abstracts, Soc. Sec. card(s), Birth Cert's all, Adults photo id, Income verifications copy (any/all forms/types), Community membership signed form, Landlord verif., etc. The interview may take approximately one hour by appointments. List all permanent members do not wait til move in.

YOUR APPLICATION WILL BE RETURNED AND/OR DENIED, IF ANY OF THE FOLLOWING APPLY:

- ILLEGIBLE APPLICATIONS:** If SWA staff cannot read your application it will be returned to you to be completed again legibly. Leave blank if it does not apply,
- INCOMPLETE APPLICATIONS:** The application will be returned to you with the areas marked for additional information. Your application will be considered only when all required information is filled in or copies provided.
- SOCIAL SECURITY CARDS:** Failure to provide copies of Social Security cards for each person listed on the application may be cause for the return of the application or a delay in processing. If you have questions about other acceptable proof, please call the number listed on the front of the application.
- OVER-INCOME:** The programs administered by SWA have varying income requirements. You will be considered over-income if your household income is greater than the program requirements and therefore ineligible for further consideration. You may reapply if your household income falls below the eligibility limit.
- MONEY OWED:** If you have an outstanding debt with SWA, another public housing authority or any private landlord as a result of prior participation in any federal housing program, your application will be denied until we have documentation it is paid in full.
- PREVIOUSLY REJECTED:** If the SWA has previously rejected you for assistance, you are not eligible to submit an application until six (6) months have past since the date of that rejection.
- CUSTODY OF DEPENDENTS:** If you are including a dependent as part of your household who is a member of another household assisted by SWA, you are required to provide documentation showing you are the custodial parent/guardian at least 51% of the time. Acceptable documents are court custody orders, or a notarized statement from the other guardian.
- ROOMMATES:** In most cases, all members listed in the household composition must have a family relationship, such as a parent/child relationship, to be considered as a household. Roommates, such as a friend, cannot be considered part of your household. Under certain conditions, two unrelated disabled persons qualify as a family.
- UNDER 18 YEARS OF AGE:** Minors are not eligible to submit applications for assistance and must wait until their 18th birthday.

Anyone who knowingly commits fraud by providing false statements or information with the intent to deceive in order to receive or continue to receive assistance under one of the programs administered by SWA will be subject to denial of his/her application or the termination of assistance. SWA is required by federal law to investigate all allegations of fraud. SWA is also required to report instances of fraud to state and federal authorities for further investigation and possible prosecution.

Update Requirements: (Effective 6/20/18 SWA BOC) Applicants are required to update their applications every two (2) years on or before the two (2) year anniversary of their complete date for the Waiting List. Immediately report all changes address/phone/cell numbers. Applicants responsible for following up.

****TWO SIDED FORMS, COMPLETE EACH SIDE****

APPLICATION FOR THE SWA CORPORATION MANAGED HOUSING PROGRAMS

Sicangu Wicoti Awayankapi Corporation

P.O. Box 69 Rosebud, SD 57570, (605) 747-2203, Toll Free 1-888-379-3411

FAX (605) 747-2966 Attn: H.I.O. Waiting Lists

PLEASE CHECK EACH OF THE PROGRAMS BELOW FOR WHICH YOU WANT TO APPLY.

NAHASDA LOW RENT:

<input type="checkbox"/> Antelope <input type="checkbox"/> Horse Creek <input type="checkbox"/> Two Strike <input type="checkbox"/> Rosebud <input type="checkbox"/> Spring Creek <input type="checkbox"/> Parmelee <input type="checkbox"/> He Dog <input type="checkbox"/> Uppercut Meat <input type="checkbox"/> Black Pipe <input type="checkbox"/> Corn Creek <input type="checkbox"/> White Horse	<input type="checkbox"/> O'Kreek <input type="checkbox"/> Butte Creek <input type="checkbox"/> Bull Creek <input type="checkbox"/> Winner <input type="checkbox"/> Ideal KK/ <input type="checkbox"/> Milks Camp ___ Burke <input type="checkbox"/> Swift Bear <input type="checkbox"/> Grass Mountain <input type="checkbox"/> Soldier Creek <input type="checkbox"/> Ring Thunder <input type="checkbox"/> St. Francis	Maximum NAHASDA Annual Income 80% Limits : 1 person \$ 50,400 5 people \$ 77,800 2 people \$ 57,600 6 people \$ 83,600 3 people \$ 64,800 7 people \$ 89,300 4 people \$ 72,000 8 people \$ 95,100 Only for Low Rentals under FHLB income limits @ 50% Todd Co. 1 person \$23,350 5 person \$36,000 2 person \$26,650 6 person \$38,650 3 person \$30,000 7 person \$41,300 4 person \$33,300 8 person \$44,000
Rent = 15% of total monthly income		NAHASDA Program Guidance No. 2022-01 (R) 06/ 14/22

RENT TO OWN: (Home ownership)

<input type="checkbox"/> Acquisition <input type="checkbox"/> New Build <input type="checkbox"/> Previously Owned (New Build) <input type="checkbox"/> Previously Owned (MHO)	Maximum NAHASDA Annual Income 80% Limits : 1 person \$ 50,400 5 people \$ 77,800 2 people \$ 57,600 6 people \$ 83,600 3 people \$ 64,800 7 people \$ 89,300 4 people \$ 72,000 8 people \$ 95,100
Income qualified due to long term financial obligation	

ELDERLY COMPLEXES: "Elders 62 yrs and older or those who are handicap"

<input type="checkbox"/> Antelope <input type="checkbox"/> St. Francis	<input type="checkbox"/> Parmelee <input type="checkbox"/> Rosebud	Maximum NAHASDA Annual Income 80% Limits : 1 person \$ 50,400 5 people \$ 77,800 2 people \$ 57,600 6 people \$ 83,600 3 people \$ 64,800 7 people \$ 89,300 4 people \$ 72,000 8 people \$ 95,100
Individuals 62 and older. If under 62, verified handicap/accessible units maybe present.		

USDA FUNDED Subsidized PROGRAM: (APPLY ON A USDA APPLICATION)

FOR YOUR INFORMATION <input type="checkbox"/> Bill Menard, White Hat, Thin Elk (1,2 3 bdrm) <input type="checkbox"/> Wicozani (3 bdrm units) <input type="checkbox"/> Sicangu Village (3 bdrm units)	Minimum Annual Income Limits: Using Very Low 1 person \$ 25,600 5 people \$ 39,500 2 people \$ 29,250 6 people \$ 42,400 3 people \$ 32,900 7 people \$ 45,350 4 people \$ 36,550 8 people \$ 48,250
1-3 Bedrooms units. Accessible units present. Occupancy Standards strictly enforced. Rent = 30% of income	

LOW INCOME TAX CREDIT PROGRAM: (APPLY ON LIHTC APPLICATION)

FOR YOUR INFORMATION: <input type="checkbox"/> Sicangu Village Estates Phase I & II, III	Minimum Annual Income Limits: Using 40% 1 person \$ 18,680 5 people \$ 28,800 2 people \$ 21,320 6 people \$ 30,920 3 people \$ 24,000 7 people \$ 33,040 4 people \$ 26,640 8 people \$ 35,200
3 bedroom houses for more info. Speak with LIHTC specialist for Interest form, in Occupancy Dept. Applications fees apply and application interview by appointment only. Updated 06/13/18	

PRIVATE HOME/HIP PROGRAMS: (APPLY ON A PH APPLICATION)

FOR YOUR INFORMATION: <input type="checkbox"/> Repair <input type="checkbox"/> Replacements <input type="checkbox"/> Core Houses <input type="checkbox"/> Veterans CH	<input type="checkbox"/> Trailers(FEMA2015) Maximum NAHASDA Annual Income 80% Limits : 1 person \$ 50,400 5 people \$ 77,800 2 people \$ 57,600 6 people \$ 83,600 3 people \$ 64,800 7 people \$ 89,300 4 people \$ 72,000 8 people \$ 95,100
Private home application, speak with Private Home Waiting list specialist	

Tribal HUD-VASH: (APPLY ON A Tribal HUD-VASH APPLICATION)

Applicant Check List:

Is the application complete including signed and dated by each applicant and family members at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the household members identified correctly? (head, spouse, dependent, co-head, other adult(s), live-in aide) Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the unit requested appropriate for household? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is household income eligible? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have Consent Forms been signed by head, spouse, co-head and family members at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>
Social Security Numbers for all family members at least 6 years of age and older or certification, if no SSN Yes <input type="checkbox"/> No <input type="checkbox"/>
Copy of Drivers Licenses of all applicants age of 18 years old or older. Yes <input type="checkbox"/> No <input type="checkbox"/>
Is Community Membership enclosed with the application? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is Tribal Membership enclosed with the application? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is Utility Membership enclosed with the application? Yes <input type="checkbox"/> No <input type="checkbox"/>
Proof of age (required for elderly allowance and additional deductions). Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Proof of Disability (required to give a disable individual the disability allowance and additional deductions). Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Conservator ship/Guardianship paperwork signed by a judge. (If applicable) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Landlord Verification or Verification of Ability to Comply with SWA Corporations Lease Terms. Yes <input type="checkbox"/> No <input type="checkbox"/>

OFFICE USE ONLY:

Application # _____
 Date & Time Received _____
 #Adults _____ #Children _____
 Elderly/Handicapped _____

Updated 06/14/22 egs Income
 Updated: 07 27 21 egs Incom
 Update 08/26/20 egsIncome
 Updated 08/20/20 egsUSDA
 Updated 8/30/19 egs income

APPLICATION FOR THE SWA CORPORATION MANAGED HOUSING PROGRAMS
Sicangu Wicoti Awayankapi Corporation LOW RENT & HOME OWNERSHIP Attn: Housing Information
 P.O. Box 69 Rosebud, SD 57570, (605) 747-2203, Toll Free 1-888-379-3411, FAX (605) 747-2966

PART A: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

APPLICANT:

SPOUSE/SIGNIFICANT OTHER:

 First Middle Last Maiden

 First Middle Last Maiden

 Mailing Address

 Mailing Address (If Different from Applicant)

 Physical Address

 Physical Address (If Different from Applicant)

 Phone # Cell# Message#

 Phone # Cell# Message#

Your current Housing situation: Homeless/shelter Living in overcrowded conditions
 Live in dilapidated/rundown conditions: Renting Own

List all **members Age 18 or older** (head/spouse/significant other regardless of age) who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

NAME	Relation to Head	Enrollment #	Disabled/Handicapped or Elderly? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #
	HEAD					

List all **CHILDREN 17 AND YOUNGER** who will be living in the home, oldest to youngest.

NAME	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #	School Name

CONTACT INFORMATION: List the names, addresses and telephone numbers of two relatives or friends who live in the area and generally know how to contact you.

1. Contact Name _____ Phone# _____

Address: _____ City/State/Zip _____

2. Contact Name _____ Phone# _____

Address: _____ City/State/Zip _____

Answer the following questions about All members of the listed in the household:

1. The Head of Household is: Unmarried; Married; Widowed; Divorced; Separated.
 2. The Co-Head of Household is: Unmarried; Married; Widowed; Divorced; Separated.

Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation? Yes No

If yes, who?

3. Does anyone other than an adult who will live in the home share custody of any of the children listed?
 Yes No If yes, who? _____
4. List name(s) and address of child(ren)'s absent parent(s). _____
5. Is there anyone not listed on the application who is temporarily absent from the home?
 Yes No If yes, who? _____
6. Has anyone who will be living in the home ever used another social security number other than the one listed on this application?
 Yes No If yes, who? _____
7. Has anyone who will be living in the home ever used another name, other than the one they are using now?
 Yes No If yes, who? _____
8. Do you anticipate any changes to your family composition within the next twelve months?
 Yes No If yes, who? _____
9. Is any member of the household currently enrolled as a student in an institution of higher education?
 Yes No If the answer is no go on to Question 11. If yes, each student must answer the following questions:

Name & Age	Name of School and Address of Financial Aid Office	Married Y/N	Graduate or Professional Student?

10. Is any member of the household a Veteran of the US Armed Services? Yes No
 If yes, which family member(s)?
11. Does anyone in your household require any type of accommodations to fully utilize our programs and services? Yes No
 If yes, who? _____ What do they require?
12. Do you have pets? Yes No If yes, describe: _____
13. Has any adult who will live in the home previously lived in a State other than this State? Yes No
 If yes, which family member(s)? _____ State lived? _____
 _____ State lived? _____
14. For the purpose of determining Program deductions or allowances from annual income, are you or any member of your household a person with disabilities? If yes, list name of household member and the name and address of a qualified professional who can verify the disability.

Request for Reasonable Accommodation: If you or anyone in your household is a person with disabilities, and you need a modification to a unit in order to have access, please inform a representative of SWA Corporation.

PART B: PRESENT AND PREVIOUS HOUSING INFORMATION

Below, provide the requested information regarding the places you have lived in the past 5-years. If you do not have or have not had a fixed regular and adequate night time residence you must provide information as to where you have stayed in the past 5 years. Failure to provide complete and accurate information will delay the processing of your application.

Current landlord _____ Phone: _____
Address _____ City/State/zip _____ How long? _____

Previous landlord _____ Phone: _____
Address _____ City/State/zip _____ How long? _____

2nd Previous landlord _____ Phone: _____
Address _____ City/State/zip _____ How long? _____

3rd Previous landlord _____ Phone: _____
Address _____ City/State/zip _____ How long? _____

PART C: CRIMINAL BACKGROUND AND OTHER INFORMATION

These questions apply to you and all of the members list in your household.

- Has any household member ever been arrested for any crime? Yes No
If yes, how many times? _____ Please explain. (Include when arrested, where arrested and the reason for the arrest. Attach a separate sheet if needed) _____

- Has any household member ever been convicted of any crime? Yes No
If yes, how many times? _____ What crime(s)? _____

- Is any household member, subject to lifetime sex offender registration? Yes No
If yes, who? _____ In what State(s)? _____
- Is any household member currently using illegal drugs? Yes No _____ If yes, who? _____
- Has any household member ever been evicted from any type of housing? Yes No
If yes, explain when, where and for what reason. _____

- Does any household member abuse alcohol in a way that threatens the health, welfare or safety of other persons? Yes No _____ If yes, Explain _____

- Is any household member a previous tenant of SWA, Indian or public housing? ... Yes No
If yes, when? Year(s) _____ Housing Agency Name _____
Under what name? _____ Who was Head of Household? _____
- Does any household member have a membership? Yes No Name: _____
Does any household member have a previous bill with any Utility company? Yes No
If yes, Name: _____ Month/Year: _____ Name of Utility company? _____
Town/State: _____ Understand, you cannot have a bill it must be paid.

PART D: INFORMATION ABOUT THE INCOME OF MEMBERS OF THE FAMILY

(Income is counted for anyone 18 or older unless legally emancipated. However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.)

1. Did you or any family member file a federal income tax return for the past year? .. Yes No
If yes, who? _____

2. Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months?

- Wages, salaries, tips, fees or commissions from an employer? Yes No
- Compensation for personal services? Yes No
- Income from the operation of a business or profession? Yes No
- Interest, dividends or other income from real or personal property? Yes No
- Payments from Social Security? Yes No
- Payments from Annuities? Yes No
- Payments from insurance policies? Yes No
- Payments from retirement funds? Yes No
- Payments from pensions? Yes No
- Payments from disability (SSI) benefits? Yes No
- Payments from death benefits? Yes No
- Lump sum payments for the delayed start of periodic payments? Yes No
- Unemployment compensation? Yes No
- Disability compensation? Yes No
- Worker's compensation? Yes No
- Severance pay? Yes No
- General Assistance/TWEP payments? Yes No
- TANF & SNAPs payments? Yes No
- Alimony payments? Yes No
- Child support payments? Yes No
- Regular contributions or gifts from anyone? Yes No
- Money from self employment? Yes No
- Regular or special military pay? Yes No
- Regular contributions from anyone? Yes No
- Financial assistance to attend school Yes No

3. List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.

Family Member Name	Income Source	Amount \$	AND	Frequency	Hours per week
	Place of Employment/Income Source:	\$	PER	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> TWO WEEKS <input type="checkbox"/> MNTH <input type="checkbox"/> YEAR	
	Date of Hire (if applicable):				
	Place of Employment/Income Source:	\$	PER	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> TWO WEEKS <input type="checkbox"/> MNTH <input type="checkbox"/> YEAR	
	Date of Hire (if applicable):				
	Place of Employment/Income Source:	\$	PER	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> TWO WEEKS <input type="checkbox"/> MNTH <input type="checkbox"/> YEAR	
	Date of Hire (if applicable):				
	Place of Employment/Income Source:	\$	PER	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> TWO WEEKS <input type="checkbox"/> MNTH <input type="checkbox"/> YEAR	
	Date of Hire (if applicable):				

PART E: INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY

(An asset is something of value that can be converted to cash)

1. Do you or any family member own or have access to any of the following?

- Savings account? Yes No Checking account? Yes No
 Certificate of deposit? Yes No Money market account? Yes No

Family Member Name	Bank Name	Account Number	Balance

2. Do you or any family member own or have access to any of the following?

- Stocks? Yes No Bonds? Yes No
 Real property (Homes, Land)? .. Yes No Trust funds ? Yes No
 Pensions? Yes No Individual retirement accounts? .. Yes No
 Inheritances? Yes No Life insurance policies? Yes No
 Any other type of capital investment, mortgages (homes) current/ in the past ten years? Yes No

Explain any "Yes" answers below.

Family Member Name	Type of Asset	Account Number	Value

PART F: INFORMATION ABOUT HOUSEHOLD EXPENSES

1. Does any family member have expenses for child care of a child age 12 or younger? Yes No

If yes, complete the following:

Minor's Name	Care Provider			Amount Monthly
	Name	Address	Phone Number	

2. Is any portion of these childcare expenses reimbursed from an outside agency or person? .. Yes No

If yes, how much is reimbursed per month? \$ _____

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? (Could be the person with disabilities) Yes No If yes, complete the following:

Care Attendant			Amount Monthly
Name	Address	Phone Number	

4. Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities). Yes No

If yes, what is the anticipated monthly cost? \$ _____

5. Indicate (FILL IN) the dollar amounts of your monthly living expenses paid, by who on the list below:

Item	Monthly Amount	Last Date it was Paid	Paid By Whom
Rent			
Electric			
Gas			
Water			
Telephone			
TV Cable			
Car payment(s)			
Car Insurance			
Gas for car			
Life Insurance			
Health Insurance			
Loan			
Rentals			
Furniture			
Food			
Credit Cards			

Medical Expenses: (These questions only apply if the head, spouse or significant other is 62 years or older or is disabled)

Do you or any member of the family pay for any of the following items?

- Medical insurance premiums? Yes No
- Long term care insurance? Yes No
- Out of pocket prescription expenses? Yes No
- Past due medical bills? Yes No
- Other anticipated medical expenses? Yes No

Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months:

Family Member Name	Type of Expense	Monthly Amount

CERTIFICATIONS

ALL ADULT HOUSEHOLD MEMBERS AGE 18 OR OLDER MUST READ AND PERSONALLY SIGN THIS STATEMENT. NO ONE, INCLUDING PARENTS AND SPOUSES, MAY SIGN ON BEHALF OF ANY ADULT.

1. I do hereby swear and attest that all of the listed information is true, complete, and correct.
2. I understand that false information or statements or omission of information are punishable under federal law.
3. I understand that false statements or false information are grounds for termination of housing assistance.
4. I understand the following items regarding changes to my household composition, income, and other information.
 - a. I understand that all new household members must be approved in writing by SWA prior to moving in.
 - b. I understand that I must report all changes in household income and assets in writing within 10 days.
 - c. I understand that I must report all changes in address and telephone number in writing within 10 days.
5. I understand that if I do any of the following, I may be removed from the waiting list or terminated:
 - a. Fail to fulfill my obligations to submit my eligibility documents on time
 - b. Fail to attend or be on time for my recertification appointment(s), or any other SWA appointment(s)
 - c. Fail to make my unit available for the annual inspection at the appointed time
 - d. Fail to comply with any program responsibilities, including obligations listed in my lease.
 - e. Commit program fraud (for example not reporting income, unauthorized people in the unit, or other)
6. I understand that all members of my household are prohibited from any activity (including criminal activity and / or the use of drugs or alcohol) that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents.
7. I understand that I will be required to repay all amounts owed on my household's behalf due to fraud.

I hereby certify that all of the information I have provided on this application is true and complete. I understand that I am required to notify the housing authority in writing (within 10 days) if any member of the family moves out of the unit, and that I cannot permit anyone to move into my unit without prior approval of SWA. I understand that I must notify the housing authority in writing of any changes to the household due to birth, adoption or court-awarded custody. I also understand that any person who attempts to obtain housing or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State and Tribal law.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

Print Name Head of Household Name	Signature of Head of Household	Date
-----------------------------------	--------------------------------	------

Print Name	Signature of Other Adult (18 yrs and over)	Date
------------	--	------

Print Name	Signature of Other Adult (18 yrs and over)	Date
------------	--	------

Print Name	Signature of Other Adult (18 yrs and over)	Date
------------	--	------

Certification of SWA Representative

I hereby certify by my signature that I have explained all questions on this application form and reviewed the answers provided with the head of household to ensure that these questions were fully understood and fully answered.

Signature of SWA Representative

Date

OFFICE USE ONLY:

Application # _____

Date: ____/____/____

Time Received: ____:____

#Adults _____

Children _____

Elderly/Handicapped _____

Sicangu Wicoti Awayankapi

S. W. A. Corporation

Box 69

Rosebud, South Dakota 57570

Phone: (605) 747-2203 Fax: (605) 747-2966

Toll Free: 1-888-379-3411

AUTHORIZATION TO RELEASE INFORMATION

Applicant Household: _____

I / We, have applied for assistance for housing with the Sicangu Wicoti Awayankapi (SWA) Corporation. as part of the process, the SWA Corporation may verify information contained in my request for housing and in other documents required in connection with my request.

I / We, authorize you to provide the SWA Corporation for verification purposes the following applicable information:

- Past and present employment or income records
- Bank accounts, stock holdings, and any other assets
- Land holdings, Individual Income Monies (IIM)
- Past and Present Landlord references
- Utility verifications
- Other Consumer Credit references

I/ We, hereby authorize any person, agency or institution to supply information requested by Sicangu Wicoti Awayankapi (SWA) Corporation concerning me or my family, and to allow inspection and reproduction of records in his/her or their possession pertaining to me or my family by any duly authorized representative of the SWA Corporation.

I / We further authorize the SWA Corporation to release such information to providers or cooperating State/Federal agencies.

I / We hereby 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 SWA Corporation in its administration of its programs and for no other purposes. It shall continue in effect until such time as I state in writing to SWA Corporation that it is no longer valid.

Your prompt reply is appreciated.

_____	_____	_____
Applicant Head of Household	Printed Name	Date
_____	_____	_____
CO-Applicant signature	Printed Name	Date
_____	_____	_____
Other Adult member signature	Printed Name	Date
_____	_____	_____
Other Adult member signature	Printed Name	Date
_____	_____	_____
Other Adult member signature	Printed Name	Date

**Sicangu Wicoti Awayankapi
S. W. A. Corporation**

P.O. Box 69
Rosebud, South Dakota 57570
Phone: (605) 747-2203 Fax: (605) 747-2966
Toll Free: 1-888-379-3411

**LANDLORD VERIFICATION FORM
(Please Fill in All Areas)**

Name of Applicant: _____
Current Address: _____

Name of Landlord _____ Address: _____
Phone: () _____ Cell: () _____ Fax: () _____

Landlord Status: Current Previous Landlord Homeless: _____

Rental History (DATES) period: From (move in): _____ To (move out): _____

Type of rental property: _____ No. bedrooms: _____

Does (Did) the Applicant's have a lease? Yes No Monthly rent charge: _____

Security Deposit Amount: \$ _____ Paid Unpaid Eligible for return of security deposit? Yes No

1. Payment History (Your honest Opinion): Good Fair Poor
Positive/negative Comments are appreciated: _____

2. Caring for the Unit – House keeping evaluation (Honest rating): Good Fair Poor
Positive/negative Comments are appreciated: _____

3. General Rental History: (Your honest opinion) Good Fair Poor
Positive/negative Comments are appreciated: _____

Would you rent to this applicant again? YES NO
If no, explain why? _____

Landlord (Print) Name and Title _____

Signature of landlord/contact person _____ Date _____

Applicant Release of Information

My signature(s) below, hereby authorizes the Release of Information, for landlord verification as requested by the SWA Corporation (formerly Rosebud Housing Authority) as part of the evaluation process of my application for housing program services.

Signature: _____ Date _____
Applicant signs here

Signature: _____ Date: _____
Co-applicant sign here

For SWA Corporation Use (follow up screening prior to Waiting List & Unit offer):

Date / Whom contacted: _____ Phone: _____

Comments: _____

Positive Negative further research Home visit recommended



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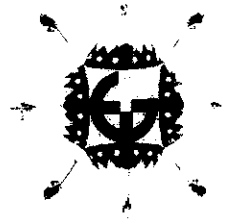
S.W.A. CORPORATION

P.O. Box 69

Rosebud South Dakota 57570

Phone: 605-747-2203 Fax: 605-747-2966 Attn: HIO

Toll Free: 1-888-379-3411



TO: All interested applicants applying for SWA Managed Low Rent/Homeownership Housing

Re: Community Membership Verification Requirement

The individual(s) listed are interested in an application into a SWA Management Housing programs.
_____ Low Rental Program _____ Home ownership (Rent to Own)

Our waiting lists are community based, It is a very important to verify community membership for each adult (18+) who is listed on the application.

Member in good (positive) standing?

- 1). _____ NO YES - How long # _____ mo/yrs
Applicant - Head of Household
- 2). _____ NO YES - How long # _____ mo/yrs
Co-applicant/Spouse
- 3). _____ NO YES - How long # _____ mo/yrs
Adult member over 18 yrs old
- 4). _____ NO YES - How long # _____ mo/yrs
Adult member over 18 yrs old
- 5). _____ NO YES - How long # _____ mo/yrs
Adult member over 18 yrs old

MARK YOUR APPLICATION STATUS:

- _____ New applicant(s) or other adult household Member (s) listed, please review carefully!
- _____ Updated/yearly applicant(s) or other adult household member(s), If they are "long time residents!"
- _____ "Transfer": To (New) community: _____ From (Old) community: _____

As a Courtesy to communities: Due to some/not all communities may have a active Local Housing Board and require approval by a board, before community membership form is signed/granted?

(1st preference) Community Representative/Officer to Sign this form: The above all adult family Members age 18+ yrs whom did/have attended a meeting(s) for approval? Life time members should not have a Problem in obtaining the proper "readable" signature.

Mark one: _____ Yes, Please attach copy of actual community meeting minutes. Meeting Date: _____
_____ No, Reason(s)? Example., No regular scheduled Meetings; No quorum date(s) of attempts:
1st Mtg date: _____ 2nd Mtg date: _____ 3rd Mtg date: _____
Explain: _____

Last resort/alternative: Only after several failed attempts/contacts for signature with community Representatives and/or Officers. 2nd option: Applicant may contact a RST Council Representative for signature. If still no results, then 3rd option/final: Applicant may contact RST Secretary Office for a signed Voters Registration.

Date: _____

**I certify the above individuals are community members
(Readable Signature & write in Title, Community)**

Comments or written input is appreciated to help in SWA HIO evaluation of above applicant(s).
Please call, if you should have further questions or concerns, Housing Info. WL LR-HMO-USDA
ext 255.

THANK YOU AND HAVE A GOOD DAY!



SICANGU WICOTI AWAYANKAPI

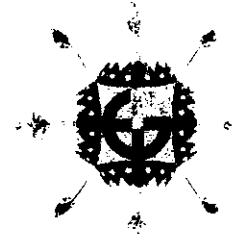
S.W.A. CORPORATION

P.O. Box 69

Rosebud South Dakota 57570

Phone: 605-747-2203 Fax: 605-747-2966

Toll Free: 1-888-379-3411



RELEASE OF INFORMATION

Criminal Background Inquiry

With my signature, I hereby authorize the SWA Corporation to conduct a criminal background inquiry not limited to: Tribal Court /Tribal Law Enforcement records; State/County records; Federal (electronic) records; and the Release of All Records and information of any criminal history to the SWA Corporation.

I understand that this requirement is to assist in determining my eligibility for the application for housing services only. I further understand that any and all information obtained shall be kept CONFIDENTIAL in accordance to the Privacy Act of 1974.

_____ Applicant

_____ Date

Full Legal Name: _____

Date of Birth: _____

Soc. Sec. No: _____

Have you ever been convicted for any drug related crimes? Yes___ No___

Have you ever been convicted for any sex related crimes? Yes___ No___

Are you a registered sex offender? Yes___ No___

Disclosure: Refusing to submit any or all required information, willfully and knowingly failing to disclose pertinent information or providing falsified information constitutes as perjury and can result in denial of your application for Housing services.

Policy Statement

Federal law requires SWA Corporation to obtain criminal history information from an applicant applying for admission to our housing units to assist in determining the qualification and eligibility of the applicant. It is our objective to make all SWA dwellings a safe and comfortable living environment. Furthermore, it is our intent to exclude those that choose to be involved in any criminal activities that would adversely affect the health, safety and welfare of other tenants. In compliance with this federal law, the SWA Corporation is requiring that as an applicant shall be required to consent to a criminal history inquiry. This inquiry is in compliance with the Privacy Act of 1974 and all information shall be kept confidential and shall be utilized for this purpose only.

Revised: 04/2015



SICANGU WICOTI AWAYANKAPI
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Zero Income Statement

I/ We, _____, have zero income for the _____ Tax year. *Adults (18yrs and older) sign name(s) here, of all this applies to list in household without income or **did not** file taxes*

I/We, the undersigned below, verify the below the signed Adults (18 yrs +), who resided in my household, **did not** receive TANF/ DSS Income, BIA-GA Income, SSA/ SSI Income, Unemployment benefits, or other type of income for 2022 thru the current 2023 year.

Signature of Head of Household
Do not print – ALL dates must match

Social Security Number

Date

Signature of Spouse (Include maiden name)

Social Security Number

Date

Signature of other adult family member over 18 yrs

Social Security Number

Date

Signature of other adult family member over 18 yrs

Social Security Number

Date

Signature of other adult family member over 18 yrs

Social Security Number

Date

Signature of other adult family member over 18 yrs

Social Security Number

Date

Subscribed and sworn before me on this _____ day of _____, 2023. My Comm. Expires: _____

SEAL

Notary Public