



**Sicangu Wicoti Awayankapi (SWA)  
Homeownership Assistance Fund (HAF) Plan  
Utility Assistance Application**

**Homeowner Assistance Fund (HAF) Program Application-FAQ-Utilities Assistance**

The purpose of the Homeowner Assistance Fund (HAF) Program is to provide financial assistance to prevent the displacement of Tribal, Indian, and other socially disadvantaged households experiencing financial hardship due to COVID-19. The HAF Program can help income-qualified households with mortgage delinquencies, defaults, foreclosures, forbearance costs, utility and energy services, insurance, property taxes, home repairs to maintain habitability, and other similar costs necessary to maintain housing stability. This is a temporary program and assistance is subject to available funds.

This project is supported, in whole or in part, by federal award to the Sicangu Wicoti Awayankapi (SWA) Corporation by the U.S. Department of the Treasury.

Homeowners must be enrolled members of the Rosebud Sioux Tribe.

Your home must be located within the boundaries of the Rosebud Sioux Tribe.

**Application Checklist**

**For all applicants:**

- ✓ Documentation showing home ownership (deed, bill of sale, conveyance document or other legal documentation)
- ✓ Mortgage with signatures
- ✓ Copy of Driver's license Photo ID
- ✓ Proof of enrollment (Abstract, Tribal ID)
- ✓ Must provide proof of homeowner's primary residence (utility bill, internet cable)
- ✓ Income verification-A written attestation as to household income with supporting documentation, such as paystubs, W-2's or other wage statements, IRS form 1099's, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer.
- ✓ Current utility bill/statement
- ✓ **If 62+ years of age, attach documentation**
- ✓ **If disabled or handicapped, attach medical documentation**
- ✓ Household must be located within the boundaries of the Rosebud Reservation
- ✓ Signed authorization for release of information form
- ✓ Signed applicant attestation of financial hardship
- ✓ Signed applicant acknowledgements and attestation
- ✓ Completed Application

### General Eligibility Requirements

According to the HAF Guidance issued by the Department of the Treasury, homeowners are eligible to receive amounts allocated to a HAF participant under the HAF if they experienced a financial hardship after January 21, 2020 (including a hardship that began before January 21, 2020, but continued after that date) and meeting a Minimum Eligibility Criteria of incomes equal to or less than 150% of the area median income or 100% of the median income for the United States, whichever is greater.

While all households meeting the minimum eligibility criteria are eligible to receive assistance, the HAF Guidance requires that 60% of funds support homeowners with incomes below 100% of the US Median Income. The table below lists the applicable income thresholds for Rosebud Reservation and its surroundings, including Gregory, Lyman, Mellette, Todd, and Tripp Counties as provided by HUD at [https://www.huduser.gov/portal/datasets/il/il2021/select\\_Geography\\_haf.odn](https://www.huduser.gov/portal/datasets/il/il2021/select_Geography_haf.odn).

*Example Income table:*

	1-Person	2-Person	3-Person	4-Person	5-Person	6-Person	7-Person*
<b>Minimum Eligibility Threshold</b>	\$79,900	\$84,150	\$94,650	\$105,150	\$113,600	\$122,000	\$130,400
<b>Priority Eligibility Threshold</b>	\$79,900	\$79,900	\$79,900	\$79,900	\$79,900	\$81,350	\$86,950

\*For households with greater than 7 persons, add \$8,412 to the Minimum Eligibility Threshold and \$5,608 to the Priority Eligibility Threshold for each additional household member.

<b>Type of Assistance</b>	<b>Eligible Households</b>	<b>Maximum Assistance per Household</b>	<b>Notes</b>
<b>Mortgage Assistance</b>	On- and Off-reservation households	\$7,500	Includes payment assistance, mortgage reinstatement, principal reduction, achieving clear title to homes
<b>Mortgage/ Promissory Note Payoffs</b>	On- and Off-reservation households	\$7,500	Includes mortgage reduction or promissory note payoff, achieving clear title to homes
<b>Property Tax/ Insurance/Lease Assistance</b>	On- and Off-reservation households	\$1,500	Includes homeowner, flood, and mortgage insurance; homeowner's association fees; delinquent property taxes
<b>Utility Assistance</b>	On-reservation households only	\$2,000	Includes electric, gas, home energy, water, wastewater, solid waste, and internet service
<b>Rehab and Repair</b>	On-reservation households only	\$7,500	Repairs to maintain habitability, including addition of space to alleviate overcrowding

**(Homeowners are eligible for one type of assistance)**

# HOMEOWNERS ASSISTANCE FUND APPLICATION

## H.A.F. Utilities Assistance

### Family Information Sheet

**1. Applicant:**

Last Name	First Name	Tribal Enrollment Number
Physical Address	City, State, Zip	Community
Mailing Address	City State, Zip	Phone
Message Phone	Email Address	Social Security Number (SSN)
Date of Birth	Gender	Race Ethnicity
Annual or Monthly Income	Income Source	Veteran 62+ years of age Disabled

**Other Household Members:**

<b>1. Full Name</b>	Date of Birth	Last four digits of SSN
Tribal Enrollment Number	Annual or Monthly Income	Income Source
<b>2. Full Name</b>	Date of Birth	Last four digits of SSN
Tribal Enrollment Number	Annual or Monthly Income	Income Source
<b>3. Full Name</b>	Date of Birth	Last four digits of SSN
Tribal Enrollment Number	Annual or Monthly Income	Income Source
<b>4. Full Name</b>	Date of Birth	Last four digits of SSN
Tribal Enrollment Number	Annual or Monthly Income	Income Source
<b>5. Full Name</b>	Date of Birth	Last four digits of SSN
Tribal Enrollment Number	Annual or Monthly Income	Income Source

***ATTACH an additional sheet if necessary***

Yes/No Are you the homeowner of a dwelling currently used as your primary residence? **If yes, please attach documentation showing homeownership and proof of primary residence.**

Yes/No Is the home for which you are applying for assistance with located within the boundaries of the Rosebud Sioux Tribe? **If yes, please attach documentation of address.**

**2. Household Income**

Below, please provide information on the total annual income of your household for the calendar year 2020.

Total annual income of Household: \_\_\_\_\_

Applicant must attach and submit (1) a written attestation as to household income with supporting documentation, such as paystubs, Form W-2s, wage statements, IRS Form 1099s, tax filings, assistance award letters, depository institution statements demonstrating regular income, or an attestation from an employer.

**3. Financial Hardship**

Yes/No Have one or more individuals in your household experienced financial hardships associated with the COVID-19 pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement? Examples Include:

- ✓ A reduction in household income
- ✓ Increase in living expenses
- ✓ Loss of employment, temporary layoff, or furlough
- ✓ Increased costs due to healthcare or need to care for a family member
- ✓ Other financial hardship

Please explain below:

**4. HAF Program – Financial Assistance Requested-Utilities Assistance**

**Utilities          Arrears          Current**

<b><u>Type of Utility – Electric</u></b>	Provider and Account Number	Amount
Mailing Address	City, State, Zip	Phone Number
<b><u>Type of Utility - Heating</u></b>	Provider and Account Number	Amount
Mailing Address	City, State, Zip	Phone Number
<b><u>Type of Utility - Garbage</u></b>	Provider and Account Number	Amount
Mailing Address	City, State, Zip	Phone Number
<b><u>Type of Utility – Water &amp; Sewer</u></b>	Provider and Account Number	Amount
Mailing Address	City, State, Zip	Phone Number
<b><u>Type of Utility – Other</u></b>	Provider and Account Number	Amount
Mailing Address	City, State, Zip	Phone Number

***Please ATTACH a copy of your current utility bill***

**Applicant Acknowledgements and Attestation**

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment, income, contact information, no longer experiencing a material reduction in income or material increase in living expenses associated with the COVID-19 pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or homeowner displacement.

By signing this form, you are certifying that you have not already received funding or a benefit from another source for the same assistance being applied for with this application. If you think you may have received such funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note in the box below:

By my signature below, I hereby certify and attest that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statement or information, or if I fail to notify the Sicangu Wicoti Awayankapi Corporation of any changes to my household's eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds for civil or criminal prosecution if the Sicangu Wicoti Awayankapi Corporation determines it appropriate to do so.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date Signed

Application received by the Sicangu Wicoti Awayankapi Corporation:

\_\_\_\_\_

Staff Member Signature

\_\_\_\_\_

Date Signed

**Applicant Attestation of Financial Hardship**

In order for financial assistance to be provided under the Homeowner Assistance Fund Program, this Attestation of Financial Hardship must be completed, signed, and dated by the homeowner.

I, \_\_\_\_\_, the Applicant, do hereby attest that I am a homeowner of a dwelling that is currently used as my primary residence and I have experienced a financial hardship due, directly or indirectly, to the COVID-19 pandemic.

Specifically, [describe the nature of the financial hardship in the space provided below, for example, a job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member]

I agree to notify the Sicangu Wicoti Awayankapi Corporation of any significant changes to my household income or financial status that would impact my eligibility for the HAF Program.

By my signature below, I certify and attest that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date Signed



### AUTHORIZATION FOR RELEASE OF INFORMATION

I / We, the undersigned, hereby authorize the release of information to the Sicangu Wicoti Awayankapi – Rosebud Housing Authority for verification purposes any and all information concerning the following:

1. Employment history, dates, titles, income, hours worked, etc.; and
2. Banking, savings, IIM account of records, General Assistance income, SSA/SSI award(s), DSS benefit statements; and
3. Any other information requested such as tribal enrollment verification(s) and background information as deemed necessary to verify my/our application; and
4. Request and/or share information from other assistance programs, to ensure that assistance for anyone in the household is not duplicated; and
5. Request information from utility companies, if needed and release information pertaining only to assistance provided.

This information is for **CONFIDENTIAL USE** by the Sicangu Wicoti Awayankapi – Rosebud Housing Authority in evaluating my/our application for Emergency Rental Assistance and Utilities. A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature(s) of the undersigned) may be deemed to be equivalent to the original and may be used as a duplicate original.

Signature of Head of Household	Social Security Number	DOB	Date
Spousal Signature	Social Security Number	DOB	Date
Signature of family member over 18yrs	Social Security No.		Date
Signature of family member over 18yrs	Social Security No.		Date
Signature of family member over 18yrs	Social Security No.		Date