



Sicangu Wicoti Awanyakapi
S. W. A. Corporation
 P.O. Box 69
 Rosebud, South Dakota 57570
 Phone 605-747-2203 Fax: 605-747-2966



EMERGENCY RENTAL ASSISTANCE APPLICATION

Email: erapintake@swacorporation.com / Fax: 605-747-2209 / Cell: 605-840-9667 / 605-840-9666
 Website: swacorporation.com

SERVICES RECEIVED:

Have you or a member of your household applied for Rental Assistance with S.W.A. or any other provider including Utilities? YES / NO

Individual Assisted	Provider	Type	Date	Amount

1. Are you a Landlord filling this application out on behalf of your Tenant? YES / NO
(If "YES" you will need to have your Tenant sign the application, showing acknowledgment.)

2. HEAD OF HOUSE/TENANT INFORMATION:

- Head of Household/Tenant: _____
(full legal name, include middle name)

Other Names Used (Maiden): _____

DOB: _____ Social Security: _____

- Are you enrolled in a federally recognized Indian Tribe: YES / NO * **Attach Form** *

Tribe Affiliation: _____ Enrollment No.: _____

- Circle what applies to you if you are NOT an Enrolled member of an Indian Tribe:

Caucasian / African American / Hispanic / Latino / Other: _____

- Are you a Veteran?: YES / NO

3. CONTACT INFORMATION:

Mailing Address: _____

Rental Address: _____

County: _____ Community: _____

Phone: _____ Cell: _____ Email: _____

4. HOUSEHOLD INFORMATION:

How many people live in the house? _____

Adults: _____ Under 18 Years: _____ Handicap: _____ Over 60 years of age: _____

Member	DOB	SSN

5. TYPE OF RENTAL/HOME:

S.W.A. Rental Unit No. _____ Private Rental RENT to Own (*No Mortgages*)

Mobile Home – *do pay lot rent? YES / NO* Apartment

Hotel/Motel _____ (*if you was displaced due to hardship caused by pandemic*)

Do you need assistance with rental security deposits and rental and screening? YES / NO

If “Yes” list type of assistance and provide proof: _____

6. HOUSEHOLD INCOME:

- Household income for each individual: **Attach a copy of ALL Household income**
(*Include type of income – wage, commission, pension/retirement, unemployment, SS, SSI, TANF, EBT, other*)

Member	Income Source	Amount Monthly
		\$
		\$
		\$

7. LANDLORD INFORMATION: (Please attach a copy your lease.)

- Landlord: _____
- Contact Person: _____
- Street Address: _____
- Phone Number: _____ Fax: _____ Email: _____

8. RENTAL PAYMENT ASSISTANCE REQUEST: (Eligible dates: April 1, 2020 – December 31, 2021)

- Monthly Rent / LOT per lease agreement: \$ _____ Due Date: _____
- Do you owe back rent? YES / NO Past Due Amount: \$ _____

9. UTILITY PAYMENT ASSISTANCE REQUEST: (Utilities NOT included in rent & attach statement)

- Utility payments NOT covered in your rent that you pay for as the tenant:
() Electricity, () Trash, () Water/Sewer,
Heat Source – () Electric, () Propane, () Fuel Oil, () Natural Gas, () Wood

10. EXECUTION AND CERTIFICATION OF APPLICATION

- I/We certify that all information furnished in this application for ERAP is true and complete to the best of my/our knowledge.
- I/We certify that our household does not have access to other resource assistance to cover the rent and/or utilities.
- I/We understand that any false statement, made knowingly and willfully, will be sufficient cause for rejection of my/our application; I/We understand that ANY false information on this application or statements given are punishable by law and will lead to immediate cancelation of assistance and you could be made to payback any or all assistance you received by S.W.A. or any other provider.
- I/We understand that landlord participation in this program is required.
- I/We authorize the release of information for verification purposes pertaining to the approval of this application such as enrollment, utilities, income, landlord.
- I/We authorize the release of information and to share information with other assistance programs, to ensure that assistance is not duplicated.

APPLICANT SIGNATURE: _____ **DATE:** _____

If you are the Landlord filling this out on behalf of your tenant sign and date below:

Landlord Signature: _____ **DATE:** _____

ELIGIBILITY DETERMINATION STATEMENT

(Emergency Rental Assistance Program)

To be submitted by Tenant to S.W.A.

along with an Application for funding.

I, _____ the Tenant/Head of Household (H.O.H) acknowledge by filling out this Eligibility Determination, I attest to the information herein to be true and correct. As the Tenant/H.O.H I have applied to S.W.A. for the U.S. Department of Treasury’s Emergency Rental Assistance under the Consolidated Appropriations Act, 2021. **To further determine eligibility for this COVID-19 pandemic program, I attest that I or a member of my household has been affected directly or indirectly by the COVID-19 pandemic or is having a financial hardship.**

- A. Has one (1) or more individuals in your household experience any of the following related to income, check all that apply:** Loss of Employment/Income. Reduction In Force. Furloughed. Reduction In Hours/Income. Incurred Significant Costs. Other Financial Hardship. Received Unemployment.

B. REASON FOR ASSISTANCE:

C. Can one (1) or more individuals in your household demonstrate a risk of experiencing homelessness or housing instability? Check all that apply:

- Current or past due utility bill(s).
- Current or past due rent notice(s).
- Eviction notice(s).
- Other expenses related to housing that were directly or indirectly incurred due to COVID-19. (Examples may be, but are not limited to, relocation expenses or rental fees if your Household was displaced due to COVID-19; accrued late fees; Internet service.)

D. Has one (1) or more individuals in your household received assistance for rent or utilities if enrolled in another Tribe? YES / NO

If “YES” please list who and describe type of assistance and Tribe: _____

By signing and dating below, I certify that all of my statements made herein are accurate, truthful, and complete. If they are not, then I agree to be indebted to the U.S. Treasury Department and S.W.A. for any benefits that I may receive in this program, and I agree and promise to pay back such benefits.

TENANT/H.O.H.:

Signature

Date

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./	DOB	Date
Signature of family member over 18yrs	Social Security No./DOB		Date
Signature of family member over 18yrs	Social Security No./DOB		Date

INCOME VERIFICATION
(Emergency Rental Assistance Program)

This Income Verification Sheet is a requirement of the application process for Emergency Rental Assistance per the U.S. Department of Treasury established by section 501 of Division N of the Consolidated Appropriations Act, 2021, Pub. L. No. 116-260 (Dec. 27, 2020) (the Act).

- To qualify for assistance under this program, your household’s combined income has to be less than eighty percent (80%) of the area median income, the area meaning the area in which you live in.
- Provide proof of income for ALL household members, such as paystubs, W-2s or other wage statements, tax filings, bank statements demonstrating regular income, or an attestation from an employer.
- Provide proof of unearned income such as TANF/DSS income, BIA, General Assistance, SSA/SSI, Unemployment or other unearned income for 2020.
- Cannot demonstrate that you have income or no income, relying on clause you will need to attest to that and provide an honest and truthful estimated amount of your income.

() I/We, the undersigned, hereby state and attest that I/WE have the following income and able to attach a copy of said income from ALL sources as required above.

() I/We, the undersigned hereby state and attest that I/We **DID NOT FILE** an income tax return for the 2020 Tax Year for the following reason(s);

- _____ Total amount of **earned income** for TY 2020 did not require me/us to file an income tax return.
- _____ Total amount **unearned income** for TY 2020 did not require me/us to file an income tax return.
- _____ **Unemployed** in 2020 Calendar TY and I/We did not receive Unemployment Benefits.
- _____ **OTHER** (please specify – *Example: Full time student, No income*) _____

() I/We have/had Zero income for the 2020 / 2021: (List all adults in household to whom this applies)

- _____ *
- _____ *
- _____ *

() I/We received or a member of my household received TANF/DSS income, BIA, General Assistance, SSA/SSI, Unemployment or other unearned income for 2020 and 2021.
(List all adults (18yrs +) in household to whom this applies)

- _____ *
- _____ *
- _____ *

Head of Household (include maiden name) Social Security No. Date

Signature of **Spouse** (include maiden name) Social Security No. 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

LANDLORD VERIFICATION FORM
(To be attached to ERAP Application)

1. Name of Tenant/H.O.H.: _____

Residential Address: _____

2. Landlord (Payment Information) _____

Address: _____

Phones: _____ Cell: _____ Fax: _____

Email: _____ Contact Person: _____

3. **Landlord Tax Information:** *(As the landlord the U.S. Department of Treasury is requiring the following information)*

- **W-9 - ATTACH TO APPLICATION, Payment will not be processed without a W-9**
- As the Landlord have you applied with the County in your area or State for rental assistance on behalf of your Tenant or has your Tenant received any assistance from other programs: YES / NO *If "YES", please list when and where and amount received:* _____

4. **Rental information:**

- Does the Applicant have a Lease: YES / NO Monthly Lease Rental Charge: \$ _____
- *(For New Move Ins ONLY)* Security Deposit Amount: \$ _____
- If this is for a mobile Home is the Tenant responsible for lot rent: YES / NO
Is the Tenant behind on lot rent: YES / NO Amount Owed: \$ _____

5. **Rental Payment History:** *(If the Tenant is behind on Rent/Lot rent even if they made a paid partial payment, please list the payment status of the arrears if any); Attach Ledger.*

My signature below, hereby attests to and verifies the information provided as True and Correct. My signature hereby authorizes the Release of Information for landlord verification as requested by S.W.A. Corporation as part of the evaluation process of my application for the ERAP services. **Please note that payment will not be processed without a W-9 form. Payments will NOT be released to the tenant for any reason.**

Landlord Name and Title

Signature and Date

ATTACH LEASE AND W-9 TO THIS FORM