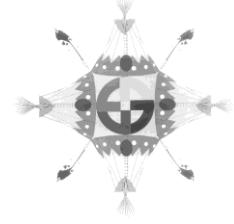


Sicangu Wicoti Awanyakapi
S. W. A. Corporation
 P.O. Box 69
 Rosebud, South Dakota 57570
 Phone 605-747-2203 Fax: 605-747-2966



EMERGENCY RENTAL ASSISTANCE PROGRAM
Request for Additional Assistance

Email: erapintake@swacorporation.com / Phone: 605-747-2203 ext. 252 Cell: 605-840-9667 / Fax: 605-747-2209

APPLICANT RE - CERTIFICATION

I, am hereby requesting additional assistance through the SWA Corporation Emergency Rental Assistance Program.

Applicant Name: _____ Female / Male
 (Please Print)

Address: _____

I, hereby attest to and certify the following changes in household information, since my last application for assistance.

1. Has there been any changes to your household information/composition? () YES / () NO

Explanation: _____

2. Has there been any changes to your household income: () YES / () NO
Attach Changes in Income for ALL Household Members.

Explanation: _____

Household Member	Tribal Affiliation	DOB	F	M	SSN	Monthly Income

3. Has there been a change in your monthly rent payment / lease: () YES / () NO
Attach New Rental Lease/Agreement, Reflecting New Rental Payment.

Explanation: _____

4. Have you or a member of your household received assistance from any other Rental Assistance Program other than SWA ERAP? () YES / () NO

Explanation: _____

5. **If you are requesting additional assistance with your utilities, attach your current statement or billing from your utility company. We will not accept a utility picture from your phone app if it is not itemized, reflect the rental address, or of the current month.**

- I understand that I am responsible for the accuracy of the information provided and said information will be used to determine eligibility;
- I understand that this assistance is 3-months at a time, if I remain eligible;
- I understand that any falsification or misrepresentation of information provided is just cause for denial of assistance and prosecution for fraud:

The application will need to be thoroughly complete in order to be considered for assistance.

Applicant's Signature: _____ Date: _____

LANDLORD CERTIFICATION

- I, _____ am the landlord and I hereby certify that I have maintained the legal lease agreement with the applicant since the prior rental assistance received for applicant.
- I, further certify that the rental property address: _____.
- I, further certify that I have not accepted payment for rental services on behalf of the applicant from any other agency for the same assistance the applicant is applying for.
- I, further certify that the rent amount for the lease is \$ _____ per month with late fees of \$ _____.
- Additionally, I understand that I am responsible for the accuracy of the information provided and that said information will be used as a basis for determining eligibility for assistance.
- I also understand that any falsification or misrepresentation of this information is just cause for denial or prosecution for fraud.

If approved for continued assistance the payment goes to: _____

Address: _____ SSN or DUNS: _____

Landlord or Representative Signature: _____ Date: _____

Contact Number: _____