



Sicangu Wicoti Awayankapi (S.W.A.) Corporation
Private Home Assistance Program 2024
RST Home Improvement Program (HIP)
Repairs/Renovations or Replacements: Core House,
Veteran's Core House, FEMA



BIA 9, Soldier Creek Rd
P.O. Box 69
Rosebud, South Dakota 57570-0069

Gary LaPointe, Chief Executive Officer
F. Emily Good Shield, Housing Information Officer, Ext. 266
Lilly Little Thunder, Waiting List Specialist, Ext. 254

Telephone: (605) 747-2203 / Toll Free: 1 (888) 379-3411 / Fax: (605) 747-2966 Attn: P.H.
E-mail: swaprivatehome@swacorporation.com

><><< PLEASE READ THIS COVER SHEET & CALL IF YOU HAVE QUESTIONS >><><

SWA Housing Info. Private Home Assistance Program (PHAP) / RST Home Improvement Program (HIP): Provides housing assistance for repairs/renovation who own and live in a substandard home or a replacement home to those identified as the neediest of needy families in need of a home or to address homelessness.

Veterans: Provides rental assistance, either a house or down payment and closing assistance loans to low-income Indian veterans living within the SWA service area. A copy of the DD214 is required. HUD/VASH also

FEMA: Incorporated into the Private Home Program Statement and has a waiting list to address the needs of low-income families who are bona fide homeless, have a loss of home due to natural disaster, and/or living in very poor dilapidated home conditions.

Emergency Housing (Rental) Assistance (EHA): *A separate application. All requests are evaluated.

PROGRAM PARTICIPATION and SUPPORTING DOCUMENTATION REQUIREMENTS

- 1. You cannot be delinquent and / or have a debt with SWA.**
- 2. Enrollment Verification Copy:** Abstract(s) / Tribal ID(s) / Must be a member of a Federally Recognized Tribe and live in Approved Service Area.
- 3. Income Verification Copy: For all permanent adult family members (18+) listed on application:** Household income must meet NAHASDA / HIP income guideline requirements for services you are applying for.
 - a.** Earned Income copy: of current check stub and copy of W-2 with 2023 Income Tax return (if filed copy must be signed);
 - b.** Unearned Income copy: Child Support, Unemployment, 1099, BIA GA, TANF, Retirement, Annuity, Pension, SSA/SSI & VA benefit award statement(s);
 - c.** No/Zero Income – must sign and notarize Zero Income Statement.
- 4. Disabled / Handicapped Statement(s):** Need two (2) forms of verification if this applies to you (HIP REQUIREMENT FOR MAXIMUM POINTS).
 - a.** Social Security Administration or Veteran's Affairs Department (DI award letter);
 - b.** Doctor's statement by physician;
 - c.** Similar documents, DD-214 (VETERAN PROGRAM REQUIREMENT), etc.
- 5. Individual Indian Monies (IIM) Lease Income Statement (HIP REQUIREMENT).**
- 6. Guardianship / Verified Custody (single parents) of listed foster children, grandchildren, nieces, nephews, etc. (HIP REQUIREMENT).**
- 7. Bill of Sale/Title to home and a Certified Approved Land Lease, with legal description (Aerial photo) showing sole ownership of home and the land (PH-HIP REQUIREMENT).**

HOUSING INFORMATION, continued.

22.	Is electricity available? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name of electric company: _____			
23.	Type of Sewer system: <input type="checkbox"/> City Sewer <input type="checkbox"/> Septic Tank <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Outhouse			
	Water Source: <input type="checkbox"/> City Water <input type="checkbox"/> Private Well <input type="checkbox"/> Community Water Tank <input type="checkbox"/> Other (Please describe): _____			
24.	No. of Bedrooms _____			
25.	House Size: _____ (Square Feet)	LENGTH _____ ft/in	WIDTH _____ ft/in	
26.	Bathroom facilities in existing house:	Facility	Yes	No
		Flush toilet		
		Bathtub		
		Sink/lavatory		

E. LAND INFORMATION _____

27.	Do you own the land on which you wish to renovate or build this home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If no, can you provide proof that you can obtain land? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide the name of the owner(s) _____			
28.	What is the current status of the land?	<input type="checkbox"/> Fee	<input type="checkbox"/> Tribal Fee	<input type="checkbox"/> Native/Restricted
		<input type="checkbox"/> Individual trust land	<input type="checkbox"/> Tribal trust land	<input type="checkbox"/> Public Domain
		<input type="checkbox"/> Individually restricted	<input type="checkbox"/> Tribally restricted	Other: _____
29.	If you do not own the land, do you have: <input type="checkbox"/> Leasehold interest? <input type="checkbox"/> Use permit? <input type="checkbox"/> Indefinite assignment or joint ownership? If so, please explain: _____			

F. GENERAL INFORMATION _____

		YES	NO
30.	Have you or anyone in your household ever received Housing Improvement Program assistance?		
	If yes, give amount received \$ _____; the year it was received: 19____; and the location of the house: _____		
31.	Do you own any other house not occupied by your family? If yes, state where the house is located: _____ and who occupies it: _____		
32.	Do you live in a house built with Housing and Urban Development (HUD) funds?		
33.	Is the HUD project still under operation of an Indian Housing Authority?		
34.	Are you seeking Down Payment Assistance?		
	If yes, have you applied with USDA Rural Development or other lending institution? Please provide a copy of the credit letter.		
35.	If you are requesting assistance for a new housing unit, have you applied for assistance from:		
	• Indian Housing Authority? If yes, provide date of application: _____		
	• Tribal Credit Program? If yes, provide date of application: _____		
	• Other? From who: _____ If yes, provide date of application: _____		
36.	Does anyone in your family, who is a permanent resident listed under Parts A and B of this application, have a severe health problem, handicap or permanent disability?		
	If yes, provide name of family member _____ and brief description of condition. (Your servicing housing office will advise you if you must provide a statement of condition from one source, which may include a physician's certification, Social Security or Veterans Affairs determination, or similar determination).		
Insert: SWA Private Home supplemental questions: Are you or any other household member a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit a copy of form DD-214.			
Has anyone listed lived in a housing house before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give Unit#: _____ Date: _____			
Is anyone listed on the application a convicted Felon? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, release date/please explain below: _____			

Date of this application: _____

PRIVACY ACT

1. The authority for solicitation of the information is 5 U.S.C. 522a(e) and the Bureau of Indian Affairs "Housing Improvement Program HIP" regulations, Title 25 Code of Federal Regulations, Chapter 1, Part 256.4 Information Collection.
2. The information collected requirements contained in Part 256.13 have been approved by the Office of Management and Budget under 44 U.S.C 3507 Et. Seq. and assigned clearance number 1076-0084. The information will be used to determine eligibility to participate in the HIP Program.
3. The information contained in this application may be available to authorized sources upon request.
4. Failure on the part of the applicant to provide the requested information may preclude this applicant from eligibility in obtaining housing assistance under the HIP.
5. The disclosure of your social security number is optional. However, failure to disclose your social security number and all other permanent household members may result in a delay and/or denial of this grant.

I / We, the undersigned, have read the above statement and agree to provide the required information and authorize the use of such information to the extent of the uses specified in the notice.

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.;
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.

This information is for **CONFIDENTIAL USE** by the Sicangu Wicoti Awayankapi – Rosebud Housing Authority in evaluating my/our application for Housing Improvement Program (HIP) financial assistance. 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.

x Signature of Head of Household – Self / Applicant	Social Security Number	Date
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(SIGN IN INK - DO NOT PRINT – all dates should match when signatures are notarized)

Signature of Spouse (include maiden name)	Social Security Number	Date
--	------------------------	------

Signature of other family member over 18 yrs.	Social Security Number	Date
---	------------------------	------

Signature of other family member over 18 yrs.	Social Security Number	Date
---	------------------------	------

Signature of other family member over 18 yrs.	Social Security Number	Date
---	------------------------	------

Signature of other family member over 18 yrs.	Social Security Number	Date
---	------------------------	------

Subscribed and sworn before me on this _____ day of _____, 2024.

My commission expires: _____
SEAL

Notary Public

NON-FILING STATEMENT (TOP PART)

I / We, the undersigned, hereby state and certify that I / We **DID NOT FILE** an Income Tax Return for the **2023 Tax Year** for the following reason(s):

(SIGN your name(s) here, if you did not file for this reason) Total amount of earned income for the 2023 Tax Year **did not** require me / us to file an income tax return.

(SIGN your name(s) here, if you did not file for this reason) Total amount unearned income for the 2023 Tax Year **did not** require me / us to file an income tax return.

(SIGN your name(s) here, if you did not file for this reason) **Unemployed** in the **2023** Calendar Tax Year and I / we **did not** receive Unemployment Benefits.

(SIGN your name(s) here, if you did not file for this reason) OTHER (please specify): _____
Example: Full time student, etc.

ZERO INCOME STATEMENT (BOTTOM PART)

I / We, _____, had **Zero Income** for the **2023 Tax Year** and;
(List all adults (18 yrs. +) in household to whom this applies)

I / We, the undersigned, verify that the below signed adults (18 yrs. +) who reside in my household **DID NOT RECEIVE** TANF / DSS Income, BIA / GA Income, SSA / SSI Income, Unemployment Benefits or other type of income for **2023**.

Signature of **Head of Household – Self / Applicant** Social Security Number _____ Date _____

(SIGN IN INK - DO NOT PRINT – all dates should match when signatures are notarized)

Signature of **Spouse** (include maiden name) Social Security Number _____ Date _____

Signature of other family member over 18 yrs. Social Security Number _____ Date _____

Signature of other family member over 18 yrs. Social Security Number _____ Date _____

Signature of other family member over 18 yrs. Social Security Number _____ Date _____

Signature of other family member over 18 yrs. Social Security Number _____ Date _____

Subscribed and sworn before me on this _____ day of _____, 2024.

My commission expires: _____
SEAL

Notary Public

NAME: _____ **D.O.B.:** _____

To Whom It May Concern:

This letter is in regard to the above individual who was examined by me on this date. It is my professional medical opinion that he / she is suffering from the following permanent medical or physical disability (if it can be disclosed under the Privacy Act):

Based upon my diagnosis, I would assign the **disability rate*** (25 CFR Part 256.14: Ranking factor and definition #3) of the following (please circle one):

- 1. 100 %
- 2. Less than 100 %

This rating is used for the Bureau of Indian Affairs Home Improvement Program (HIP) that allows points for their permanent physical disability on their BIA Form 6407 Housing Assistance Application for repairs, renovations, or replacement of their private home (refer to back of this form).

Signature of Physician / Medical Doctor

Date

Facility

Address

City State Zip Code

Telephone

*Department of Interior Bureau of Indian Affairs Housing Improvement Program (HIP) 25 CFR 256.2 Definitions: **Disabled** means legally blind; legally deaf; lack of or inability to use one or more limbs; chair or bed bound; inability to walk without crutches or walker; mental disability in an adult; and severity that requires a companion to aid in basic needs such as dressing, preparing food, etc.; or severe heart and / or respiratory problems preventing minor exertion.

SWA Private Home Assistance Program for HIP Point: Applicant(s) Please complete a doctor's statement for any and all household members who have a disability or are handicapped. Must be updated every two (2) years for your PH/HIP application file.

ATTACHMENT FOR FY 2024 HIP
REQUIREMENT FORM

TO: SWA Corporation (Rosebud Housing Authority)

RE: **Request for Housing Assistance**

I am respectfully requesting housing assistance from the SWA Corporation – formerly known as the Rosebud Housing Authority for extensive private home repair-renovation and/or replacement.

X _____
Signed by Private Home Applicant Owner

X _____
Date



Dear Private Tribal Home owner:

This letter acknowledges the receipt of your request with the Sicangu Wicoti Awayankapi (SWA) Corporation (formerly Rosebud Housing) for housing assistance.

Regretfully, your request for housing assistance is denied as the amount of repairs required to bring your home to a safe and sanitary level exceeds the level of assistance, which the SWA Corporation can provide.

Your request and application will be referred to the Rosebud Sioux Tribe Home Improvement Program (HIP) 2024 for EXTENSIVE repairs/renovations and/or replacement.

Your understanding is greatly appreciated.

Sincerely

Chief Executive Officer
SWA Corporation
P.O. Box 69
Rosebud, SD 57570-0069

Date



Sicangu Wicoti Awayankapi
S. W. A. Corporation
 P.O. Box 69
 Rosebud, South Dakota 57570
 Phone: 605-747-2203 Fax: 605-747-2966
 1-888-379-3411



PUBLIC NOTICE
PH/HIP APPLICATIONS FY 2024

The Sicangu Wicoti Awayankapi (SWA) Corporation administers the following program:

1). **RST Home Improvement Program (HIP) (638)**: Is a home repair, renovation and replacement grant program administered by the Bureau of Indian Affairs and for Federally-recognized Native American Tribes for Native American and Alaska Native individuals and families who have no immediate resources for standard housing. It is specifically designed to serve the needs for the needy. It seeks to eliminate substandard housings and homelessness in Indian communities by helping those who need it most to obtain decent, safe and sanitary housing for themselves and their families. Pursuant to CFR 256 HIP guidelines:

- A..Complete PH-HIP Housing Application and supporting documents. Sign Privacy Act statement/ Certification form attached to application;
- B..Proof of ownership of Home or Land ownership, or copy Leasehold (at least 25 yrs.)
- C..Tribal member in approved Tribal Service area. Membership for **all** members listed
- D..Doctors Statement of Disability 2 forms (Max 10pts, If it applies to any one listed)
- E..Proof of Veterans status;
- F..Proof of ALL Household Income (W-2, TAX RETURN, SS/SSI Income, etc.);
 - Notarized statement if you did not file an income tax return prior year
 If zero income need a statement from applicable programs stating zero benefits.
- G..Denial Letter from other assistance programs through your housing authority, Federal Agency, Bank, Loan Institution, or credit union;
- H..Individual Indian Lease Income (IIM) statement.
- I...Cat D: Approved Letter of Credit from the Institution where you applied for mortgage financing
- J...Custody papers for any permanent foster and/or grandchildren listed.

K. **Home Improvement Program. HHS Poverty Income limits** (subject to change 2020 implemented 02/01/19)

Household Members	Total Maximum Income		Household Members	Total Maximum Income		Household Members	Total Maximum Income		Household Members	Total Maximum Income	
	25pts	5 pts		25 pts	5 pts		25pts	5 pts		25pts	5 pts
1.....0	- 3,123	- 15,613	4.....0	- 6,438	- 32,188	7.....0	- 9,753	- 48,763	10...0	- 13,068	- 65,338
2.....0	- 4,228	- 21,138	5.....0	- 7,543	- 37,713	8.....0	- 10,858	- 54,288	11...0	- 14,173	- 70,863
3.....0	- 5,333	- 26,663	6.....0	- 8,648	- 43,238	9.....0	- 11,963	- 58,813	12...0	- 15,278	- 76,388

HIP Ranking factors & Points: Annual Income max 25pts; Age person 2 pts a yr. over 55 (Max 15 pts); Disabled individual (Max 10pts) Dependent minor children (Max 15pts 5 or more) Other conditions: Veteran 5 pts, Homeless/Dilapidated 5 pts; overcrowded conditions 5 pts; Approved financing Mortgage 25 pts.

- 2). **Private Home Assistance (SWA Supplemental) Program** – providing limited minor repairs Only or none budgeted for replacement home for private homes owners. Very limited yearly budget.
- 1..To maintain your position on the Private Home waiting list and move up, must have a completed (updated two years) application on file.
 - 2...If you're a new applicant, you're also welcome to apply all year round.
 - 3... Cannot have a debt with SWA Corporation;
 - 4...Also, meet NAHASDA income limits, family size and maximum Annualized income:
- 07/06/2023: 80% Level 1-\$53,850; 2-\$61,550; 3-\$69,250; 4-\$77,000; 5-\$83,100; 6-\$89,250; 7-\$95,450; 8-\$101,600**

SWA Corporation will be accepting new interested applicants until closing date: **October 31, 2024, at 5:00 pm CDT.** (Any applications mailed will need to be postmarked before or on October 31, 2024). SWA – HIP will review and score all complete applications to develop the HIP Priority Listing for FY 2024, which will allow us to submit information to Aberdeen Area Regional Office before December 31, 2024. Ask for Lilly Little Thunder ext 254 or F. Emily Good Shield, ext. 266