



Sicangu Wicoti Awayankapi
S. W. A. Corporation
Housing Information **Private Home**

**EMERGENCY HOUSING (Rental) ASSISTANCE
APPLICATION 2024**

Gary LaPointe, Chief Executive Officer
F. Emily Good Shield, Housing Information Officer, Extension 266
Lilly Little Thunder, Waiting List Specialist, Extension 254
P.O. Box 69

BIA 9 & Soldier Creek Road
Rosebud, South Dakota 57570-0069

Phone: 605-747-2203 Toll Free: 1-888-379-3411 Fax: 605-747-2966 PH
E-mail: swaprivatehome@swacorporation.com

Please read this cover page carefully and call if you have any questions.

Emergency Housing (Rental) Assistance (EHA)

To accommodate the needs of low-income tribal members who are temporarily displaced as a result of a catastrophe, fire or explosion to dwelling and expanded to help those without a home or refuge – homeless. Consists of financial assistance with initial (1st) month's rent or security deposit to access other low-income housing within the five county areas. Also, for those who have elected to move from the Rosebud Reservation in order to accept gainful employment or to further their education through a recognized educational institution or program. All requests to be evaluated in accordance with available limited yearly funding and is offered on a **one-time** basis.

LISTING OF REQUIRED DOCUMENTATION FOR ALL APPLICANTS:

01. You cannot be delinquent and/or have a debt with SWA.
02. **ENROLLMENT VERIFICATION COPY:** Abstract or Tribal ID – must be a member of the Rosebud Sioux Tribe and live in an approved tribal service area.
03. **BACKGROUND SCREENING NEED:** 1. Copy of Social Security Card 2. Copy of valid Photo ID;
04. **INCOME VERIFICATION COPY:** For all permanent adult (18+) family members listed on application and must meet NAHASDA / HIP Income Guidelines for the services you are applying for.
 - a. **EARNED INCOME:** Copies of current check stubs.
 - b. **UNEARNED INCOME:** Copies of award letters and benefit statements (last six months) – TANF, GA, Social Security, SSI, Unemployment, Pension, Annuity, Retirement, Child Support, Alimony, IIM, Per Capita, Royalties, Interests, Pell Grant, etc.
05. **GUARDIANSHIP/CUSTODY COURT/LEGAL DOCUMENTS COPY:** for all children of single parents and including grand children, nieces, nephews, foster children, etc. (HIP REQUIREMENT).
06. **LANDLORD STATEMENT COPY** – from landlord with rental information including contact name on letterhead, landlord mailing address, telephone number, fax number, security deposit amount, initial (1st) month's rent amount, rental address, eligible move-in date, etc.
07. **ADDITIONAL SUPPORTING DOCUMENTS:**
 - EDUCATION – college acceptance letter, class schedule, financial aid award letter, etc.
 - EMPLOYMENT – job verification, personnel action, etc.
 - HOMELESS STATEMENT – loss of home due to fire, natural disaster, etc.
 - LETTERS OF SUPPORT – have no other alternate resources for housing assistance, etc.

D. CURRENT HOUSING INFORMATION

01. DESCRIBE YOUR HOMELESS SITUATION – Where you are currently living and state the conditions; why you cannot stay in this situation; also, how it will benefit you in moving to a new location, etc.:

E. APPLICANT CERTIFICATION

PRIVACY STATEMENT

Part 246 of 25 CFR, established under the mechanism of the Snyder Act, 25 USC 13, provides for the collection of this information. The primary use of this information is by an officer or employee of the Federal or Tribal Housing Office to determine eligibility for a grant for services provided under the Housing Improvement Program. Additional disclosures of the information may be to a Bureau of Indian Affairs or Department of the Interior employee in the conduct of a program review or audit, or to a Federal Law Enforcement Agency when the agency becomes aware of a violation or possible violation of civil or criminal law. Furnishing the information on this form is to establish eligibility for your participation in the program.

Please read this certification carefully before you sign and date your application.

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance and that false or misleading statements may constitute a violation of 18 USC 1001. This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing either by the applicant or an officer or employee of the housing program or other federal agency requiring it in the performance of their duties.

X _____
Applicant's signature (do not print)

Date

X _____
Spouse's signature (do not print)

Date

PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to select eligible families or individuals to participate in the Housing Improvement Program. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. This information will be used to determine the eligibility and the ranking of the applicant. Response to this request is required to obtain a grant for services in accordance with 25 CFR 256.

ESTIMATED BURDEN STATEMENT

Public reporting burden for this form is estimated to average 30 minutes per response including the time for reviewing instructions, gathering and maintaining data, completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to: Bureau of Indian Affairs Information Collection Officer, 1849 C Street NW, Washington, DC 20240.

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
---	------------------------	------

(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