

Tribal HUD-VASH Supportive Housing Program



2025 SWA RECRUITMENT FOR "HOMELESS VETERANS OR AT RISK OF BEING HOMELESS"



Tribal HUD-VASH is a new housing program developed by the Department of Housing and Urban development (HUD) and the Veterans Affairs Administration (VA). The program began in 2015 as A demonstration program under one of several federal initiatives to end veteran's homelessness. In 2017 and every year since, additional funding has been appropriated by Congress for Tribal HUD-Vash recipients.

The SWA Corporation, tribal designated, housing will continue to participate in the Tribal HUD-VASH Supportive Housing program is to provide rental assistance and supportive services to native American veterans who are homeless or At Risk of Homelessness living on or near a reservation or other indian areas. For the first in Indian Country, a demonstration program led to the expansion of the VASH programs for veterans. All SWA/HUD-VASH Units will remain Low Rent, not Homeownership.

Homeless isn't any Veteran's dream.

Do you know a Veteran who is struggling? VA has Comprehensive Programs to prevent and eliminate Veterans who are? Homelessness, Over Crowding, living in a Hotel or at Risk who are encourage to apply and must be determined Eligible.

Initial Veteran Population found was based on US Census Data. A total of 971 Veterans living in or near the Rosebud Reservation.

Here's how to apply for the TRIBAL-HUD-VASH Supportive Housing Program:

Application Requirements:



- 1.Complete Application: sign and dating for all designated areas**
- 2.Abstract**
- 3.Social Security Card**
- 4.Birth Certificate**
- 5.Photo ID**
- 6.DD-214**
- 7.Income Verification**
- 8.Veteran Disability Compensation Forms**

Final evaluation and selection falls at the discretion of the V.A. Service program.

For further information you may contact, SWA Corporation at 605-747-2203 or Toll Free 1-888-379-3411 speak with Monica Hunger-Moran Ext.267 or Emily Good Shield Ext. 266

For Application ask for Housing Information:

**Lilly Little Thunder Waiting List Specialist
Ext 254 or F. Emily Good Shield, ext 266**



**VA
Home Front**

Working together to eliminate Veteran homelessness.



**U.S. Department
of Veterans Affairs**

Sicangu Wicoti Awayankapi (S.W.A.) Corporation
TRIBAL HUD-VASH Supportive Housing Program

BIA 9 Soldier Creek Road
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 TRIBAL HUD/VASH, what is it? Housing and Urban Development along with Veterans Affairs Supportive Housing program for Tribes. The Rosebud Sioux Tribe is one (1) of thirty (30) tribes to be selected by the US Department of HUD through the SWA Corporation.

This program targets the most homeless and vulnerable veterans by combining health care and Housing; The VA provides case management and supportive services and HUD provides rental Housing assistance vouchers for the Indian Housing Authorities. These vouchers will be project base units. Veterans will be screened to determine their eligibility.

How many units will be part of this Project? 15 units will be built and located at the Sicangu Village/Estates near the Rosebud Casino Plaza 83.

What type of units will these be? Rental units only, ten (10) will be Rental Assistance and five (5) will be project based.

How many bedrooms will the unit have? There will be two- or three-bedroom units developed in this Project.

TRIBAL HUD-VASH SUPPORTIVE HOUSING SERVICES PROGRAM PARTICIPATION and SUPPORTING DOCUMENTATION REQUIREMENTS

1. Application must be completed in full, all adults (18yrs older) must also sign were necessary.
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. **Birth Certificate(s) copies:** For all permanent members listed on application;
4. **Social Security card copies:** For all permanent members listed on application;
5. **Photo ID:** State or Tribal for all Adults over 18 Years Old
6. **Income Verification copies: For all permanent adult family members (18+) listed on application:** Household income must meet NAHASDA/HUD-VASH income guideline requirements for services you are applying for.
 - a. Earned Income copy: of current check stub and copy of W-2 with 2024 Income Tax return (if filed);
 - 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.
7. **Disabled / Handicapped Statement(s)** – forms of verification if this applies to you.
 - a. Veteran's Affairs Department: Copy DI award letter;
 - c. DD-214 form: Copy
8. **Guardianship / Verified Custody** (single parents) of listed foster children, grandchildren, nieces, nephews, etc.

Contact SWA Corporation (605) 747-2203 Monica Hunger-Moran ext. 246 for more information HUD/VASH



**Sicangu Wicoti Awayankapi
SWA CORPORATION**
PO Box 69
Rosebud, SD 57570-0069
(605) 747-2203
Fax: (605) 747-2966



TRIBAL HUD/VASH SUPPORTIVE HOUSING APPLICATION

- All questions in this application must be answered.
- The requested information is self-explanatory.

Applicant name: (Please print)	Date of Birth:	Social Security Number:
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Mailing & Physical Address:	Home Phone Number:
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City, State, Zip:	Work Phone Number:
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Person to Contact in case of Emergency	Phone/Cell Number:
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Family Status: <input type="checkbox"/> Single <input type="checkbox"/> Pregnant <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced

Has anyone listed on this application ever received housing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name, which program?
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If yes, Address where housing assistance was received?	If yes, year and month when housing assistance was Received?
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Is the head of household or spouse listed on this application Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does anyone in the household require a wheelchair accessible unit? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is the head of household or Spouse listed on this application in the military, a veteran, or a widow of a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of discharge papers to show dates of active duty and type of discharge.
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By my/our signature it is certified that:			
The unit applied for will be by/our only place of residence, I/we understand if I/we refuse housing assistance when it is Available to me, it is PCHRC's policy that my/our name will be placed at the bottom of the appropriate waiting list.			
I understand this is not a contract and does not bind either party. I/we further understand that false statements or Information are punishable under Federal Law and State Law 157.29.1. The information contained in this application Is full, true and complete to the best of my knowledge, and I/we have no objections to inquiries being made for the Purpose of verifying the statements made herein.			
Signature of Applicant	Date	Signature of Spouse/Other Adult	Date

SWA HUD/VASH HOUSING APPLICATION
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B. HOUSEHOLD DATA: List all other persons living in household. All individuals 18yrs of age and older must come in.

Household Member(s) Name	Relationship to You	Soc. Sec. # & Birthdate	Sex, Race & Ethnicity	Birth Place & Citizenship
<div>First Name, Middle Initial</div> <div>Last Name</div>	Self	<div>Social Security Number</div> <div>Date of Birth</div>	<div> <input type="checkbox"/> Male <input type="checkbox"/> Female </div> <div> <input type="checkbox"/> Hispanic (1) <input type="checkbox"/> Non-Hisp. (2) </div> <div> <input type="checkbox"/> White (1) <input type="checkbox"/> Black (2) <input type="checkbox"/> Am. Indian (3) <input type="checkbox"/> Asian (4) </div>	<div>Birth City & State</div> <div> <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-Citizen </div>
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B. HOUSEHOLD DATA (CONT'D): List all other persons living in household. All individuals 18yrs of age and older must come in.

Household Member(s) Name	Relationship to You	Soc. Sec. # & Birthdate	Sex, Race & Ethnicity	Birth Place & Citizenship
<div>_____</div> <div>First Name, Middle Initial</div> <div>_____</div> <div>Last Name</div>		<div>_____</div> <div>Social Security Number</div> <div>_____</div> <div>Date of Birth</div>	<div>__ Male __ Female</div> <div>_____</div> <div>__ Hispanic (1)</div> <div>__ Non-Hisp. (2)</div> <div>_____</div> <div>__ White (1)</div> <div>__ Black (2)</div> <div>__ Am. Indian (3)</div> <div>__ Asian (4)</div>	<div>_____</div> <div>Birth City & State</div> <div>_____</div> <div>__ US Citizen</div> <div>_____</div> <div>__ Non-Citizen</div>
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If any household member is not a United States Citizen, consult PCHRC staff for Guidance.

Do you have a pet? __ YES __ NO	If yes, what type?

INCOME INFORMATION

Mark all Sources of Income for all household member(s), and provide a copy of All supporting documentation

<input type="checkbox"/> Wages	<input type="checkbox"/> Alimony	<input type="checkbox"/> Grant/Scholarship
<input type="checkbox"/> JTPA/OJT/Workstudy	<input type="checkbox"/> Workman's Comp.	<input type="checkbox"/> Lease Land
<input type="checkbox"/> Unemployment	<input type="checkbox"/> SS/SSI	<input type="checkbox"/> Rental Property
<input type="checkbox"/> TANF/Food Stamps	<input type="checkbox"/> VA Benefits	<input type="checkbox"/> Military/Nat's Guard
<input type="checkbox"/> Child Support	<input type="checkbox"/> State Supplement	<input type="checkbox"/> Other _____

Person Employed Gross Wages	Name & Address of Employer	Average Monthly
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Child Support Provider(s) and Amount Received: _____

ASSETS

___ Checking Account	___ Investments	___ Real Estate
___ Savings Account	___ Stocks/Bonds	___ Mobile Home
___ Certificate of Deposit	___ Other	___ Other _____

Name listed on Account/Title Account Number
Address

Name of Bank/Financial Institution &

Have you disposed of any assets in the past (2) two years? _____

What?: _____

The value was: _____ Amount Received?: _____

GENERAL INFORMATION:

If self employed, what type of business?: _____

Do you pay child care? _____ Name of provider: _____

Address of provider: _____

Are you reimbursed for any part of the cost of child care? ___ Yes ___ No

Name of agency or person: _____

Are any members of your household who are 18 yrs. of age or older a full-time student?

___ Yes ___ No Name(s) of family member: _____

Name of school/college: _____ Number of credit hours: _____

Do you care for foster children in your home? _____ How many? _____

Did you file Federal Income Tax for the year? _____

If Head of Household or Spouse is elderly, disabled or handicapped, please complete for medical expenses.

Do you have: (Please answer Yes or No)

___ Yes ___ No Medicare

___ Yes ___ No Title XIX

___ Yes ___ No Medical Insurance, Name/Address and Policy Number: _____

GENERAL INFORMATION (CONT'D)

☐ Yes ☐ No Prescriptions, Name/Address of Pharmacy: _____

☐ Yes ☐ No Doctors, Dentists, etc., Name(s) and Address(s): _____

☐ Yes ☐ No Other Medical Expenses, Describe: _____

☐ Yes ☐ No Will any medical expenses be reimbursed by any source. List Source(s): _____

I, AS THE FAMILY REPRESENTATIVE, HEREBY CERTIFY THAT THIS DOCUMENT WAS COMPLETED WITH FULL KNOWLEDGE OF ALL FAMILY MEMBERS, AND THAT ALL INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Head of Household Signature

Date

Emergency Contact

Phone/Cell Number

01/10/25

Sicangu Wicoti Awayankapi
SWA CORPORATION HUD/VASH
PO Box 69
Rosebud, SD 57570-0069
(605) 747-2203 ext 254/266
Fax: (605) 747-2966

**REQUEST FOR A REASONABLE ACCOMODATIONS
FOR DISABLE APPLICANT**

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ **CELL NUMBER:** _____

The following member of my household is disabled: _____

Please provide this reasonable accommodation:

I need this reasonable accommodation because: Tell us how the accommodation will:

- ☐ **Help you live in the housing or take part in our program;**
- ☐ **Meet the lease requirements of our program;**
- ☐ **Assist you with fulfilling your Family Obligations;**
- ☐ **Meet other requirements of our program.**

*** We do not need medical information about your disability.**

**** Do not tell us the name of your disability or the nature or extent of your disability.**

Signature

Tribal HUD-VA Supportive Housing (Tribal HUD-VASH) Program**AUTHORIZATION FOR RELEASE OF INFORMATION**

I / We, the undersigned, hereby authorize the release of information to the Sicangu Wicoti Awayankapi – SWA Corporation formerly Rosebud Housing Authority sponsorship of Tribal HUD-VASH 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; VA Pension, and
3. Any other information requested such as tribal enrollment verification(s) and background information, utility company, landlord reference, DD214 as deemed necessary to verify my/our application.

This information is for **CONFIDENTIAL USE** by the Sicangu Wicoti Awayankapi – SWA Corporation formerly Rosebud Housing Authority in evaluating my/our application for Tribal HUD-VASH for assistance/participation. 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

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

Subscribed and sworn before me on this _____ day of _____, 2025.

My commission expires: _____

SEAL

Notary Public

Tribal HUD-VASH

NON-FILING STATEMENT

I / We, the undersigned, hereby state and certify that I / We **DID NOT FILE** an Income Tax Return for the **2024 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 2024 Tax Year <u>did not</u> 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 2024 Tax Year <u>did not</u> 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 2024 Calendar Tax Year and I / we <u>did not</u> 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 **2024 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 _____, 2025.

My commission expires: _____
SEAL

Notary Public