



Sicangu Wicoti Awayankapi (S.W.A.) Corporation
Private Home Assistance Program 2025
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
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E-mail: swaprivatehome@swacorporation.com

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

SWA Housing Info. Private Home Assistance Program (PHAP)/Category D Down Payment Assistance/ 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 (EHRA): *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. Valid Photo ID & Social Security Card Copy:** for background purposes
- 3. Enrollment Verification Copy:** Abstract(s) / Tribal ID(s) / Must be a member of a Federally Recognized Tribe and live in Approved Service Area.
- 4. 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 2024 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.
- 5. 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)**
- 6. Individual Indian Monies (IIM) Lease Income Statement (HIP REQUIREMENT).**
- 7. Guardianship / Verified Custody (single parents) of listed foster children, grandchildren, nieces, nephews, etc. (HIP REQUIREMENT).**
- 8. 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).**

2025 PRIVATE HOME ASSISTANCE PROGRAM (PHAP) REPAIRS / REPLACEMENT SELECTION PROCESS

PHAP Points are extended to families based on the following:

- a. Condition of home: complete home inspection with cost estimate and land environmental review;
- b. Tribal Enrollment/membership;
- c. Income less than 30% of median income guidelines;
- d. Income less than 50% of median income guidelines;
- e. Elderly (62 years old and over);
- f. Near Elderly (55 years old and over);
- g. Family occupies the home with tribally enrolled members.

PHAP WAITING LIST: Applicants scoring more than 60 points are placed in the top bracket in the order of original application complete date. Applicants with 59 points and below are placed in the second bracket by the order of original application complete date. Selection and order of service is made from top to bottom.

**REMINDERS AND ALL SELECTION LETTERS ARE MAILED TO APPLICANTS.
NOTICE OF BI-ANNUAL UPDATE OR RECERTIFICATION IS ADVERTISED IN LOCAL NEWSPAPER.**

A. REPAIRS (minor): Before any services are started all participants are required to sign a repair list agreement which is limited to insulation, windows, doors, roofs patching, minor plumbing, heating, electrical, floor patching, Replacement of inoperative stoves and refrigerators, with repairs not to exceed \$20,000 per inspection. REPAIRS NOT ALLOWABLE ARE FOUNDATIONS, WALL SYSTEMS, MAJOR ELECTRICAL/PLUMBING, ADDITIONS AND MAJOR STRUCTURAL WORK.

B. CORE HOUSE: The home is inspected and if determined to be deplorable and in irreparable condition, then a replacement home will replace your existing home. It is a basic unit to accommodate household size and consists of one (1) bathroom and one (1) living room/kitchen/sleeping area. **PAYMENTS/LOAN:** Core houses are valued at over \$40,000 but the rent-to-own participant only pays half of that by signing a note and mortgage on land to pay off the house within fifteen (15) years. The home site lease needs to be authorized for modification to name SWA Corporation as the Lessee. Furthermore, the incentive is, if all the scheduled twelve (12) monthly payments are made in that calendar year then the purchase price is lowered every year and participant will only have to pay half of the total development costs.

RST HOME IMPROVEMENT PROGRAM (HIP) SELECTION PROCESS (Part 256 CFR 12-10-15)

1. All PH Waiting List applicants are scored for HIP points/scoring to develop the **HIP 2025 Priority Listing Tier, I** based on the following. **Changes in HIP BIA CFR.**
 - a. Income Guidelines HHS Poverty Guidelines: All Annualized income (Max points 25);
 - b. Age; Head of Household/Spouse only, one (1) point per year over 62 yrs. old (Max point 15);
 - c. Disability; Two (2) forms verification (Max points 10);
 - d. Dependent children w/proof of guardianship; Under 18 yrs. old (Max points 15);
 - e. Other Conditions: Veterans, Homeless or dilapidated house, overcrowded (Max points 15);
 - f. Applicant with approved Financing package, if approved financing (Max points 25)

Bi-Annual Recertification period: **Deadline: September 30, 2025**, all HIP eligible participants are placed on a combined Priority List consisting of **all** Midwest tribes in order of need due GPRO December 31, 2025. The target group is the neediest of the needy, very low-income, elderly and disabled households. The evaluation process for funding is done at the BIA Great Plains Regional Office. The order of service is addressed with the participant with the greatest points and working down the list until all funds are depleted.

CATEGORY B repairs/renovations: Cost effective to repair (rehabilitation) home under \$60,000.

CATEGORY C replacement: If existing home cannot be brought up to applicable building code standards or a under \$60,000, a replacement home is recommended. If you have land or leaseholder of land suitable for housing and lease is not less than 25 yrs at the time of assistance.

CATEGORY D Down Payment Assistance

***EMERGENCY HOUSING (RENTAL) ASSISTANCE (EHRA) PROGRAM SELECTION PROCESS**

In addition to the Program Participation Requirements / Supporting Documentation (No. 2 & 3) on the front of this page, you will also need the following supporting documents: 1. Application; 2. Income verification Copy; 3. Valid Photo ID & Social Security Card Copy 4. Rental Statement with potential Landlord; Supporting documents: Home loss, Educational, Seeking or obtained Employment. All requests are evaluated. Supplemental program with a limited Yearly Budget.

You must absolutely have NO other alternate resources for Housing (Rental) assistance resources.

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS
HOUSING ASSISTANCE APPLICATION

- All questions in this application must be answered. The requested information is self-explanatory.
- This application is subject to the Privacy Act of 1974, Pub. L. 93-579

A. APPLICANT INFORMATION

1. Name: _____
Last First MI Maiden Name (if any)
2. Current Address: _____
Street Address P.O. Box# (if any)
City State Zip Code
3. Telephone Number: (____) _____
4. Date of Birth: _____ 5. Social Security Number: _____
6. Tribe: _____ Roll Number: _____
Reservation/Rancheria: _____
7. Marital Status: ____ Married ____ Single ____ Widowed ____ Other
If you checked "Other", please explain. _____
8. Are you Homeless? ____ No ____ Yes 9. Are you or spouse a Veteran? ____ No ____ Yes

Information About Spouse:

10. Name: _____
Last First MI Maiden Name (if any)
11. Date of Birth: _____ 12. Social Security Number: _____
13. Tribe: _____ Roll Number: _____

B. FAMILY INFORMATION

List all other persons living in household on a permanent basis. Start with the oldest and provide Name, Date of Birth, Social Security Number, Relationship to Applicant, and Tribe/Roll Number

| Name | Date of Birth | Social Security # | Relationship to Applicant | Tribe/Roll Number |
|------|---------------|-------------------|---------------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If you need more space, use a blank sheet of paper.

Date of this application: _____

C. INCOME INFORMATION

14. **Earned Income:** Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have earned income. Provide signed copy of SF-1040 (income tax return), W-2 forms, wage stubs, etc. for verification

| Name | Annual Earned Income | Source of Income |
|------|----------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total annual earned income: \$

15. **Unearned Income:** Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have unearned income such as social security, retirement, disability and unemployment benefits, child support and alimony, royalties, per capita payments, interest, etc. Provide check stubs, statements, individual Indian Money (IIM) ledgers, etc. for verification.

| Name | Annual Unearned Income | Source of Income |
|------|------------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total annual unearned income: \$

16. **TOTAL COMBINED ANNUAL HOUSEHOLD INCOME** (earned+ unearned): \$

D. HOUSING INFORMATION

| | |
|-----|---|
| 17. | Location of the house to be repaired, renovated or constructed. (Give address and detailed directions to this house). **DRAW MAP ON BACK OF THIS PAGE** |
| | |
| | |
| | |
| 18. | Provide a brief description of the problems you are experiencing with your house or the type of housing assistance for which you are applying |
| | |
| | |
| | |
| 19. | If repair assistance is needed, do you own _____ or rent _____ this house? |
| | If renting, is the owner Indian? ____ No ____ Yes |
| | If yes, provide name of owner(s): |
| 20. | Are you living in Overcrowded Conditions? ____ No ____ Yes |
| 21. | Is the condition of the home in a dilapidated state? ____ No ____ Yes |

Date of this application: _____

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"/> Individual trust land <input type="checkbox"/> Individually restricted | <input type="checkbox"/> Tribal Fee <input type="checkbox"/> Tribal trust land <input type="checkbox"/> Tribally restricted |
| | | | <input type="checkbox"/> Native/Restricted <input type="checkbox"/> Public Domain <input type="checkbox"/> 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: _____

G. APPLICANT CERTIFICATION

(Read this certification carefully before you sign and date your application. Sign in ink).

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 U.S.C. 1001.

This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, by the applicant, or unless an officer or employee of the housing program or other Federal agency requires it in the performance of their duties.

Applicant's Signature: _____ Date: _____

Spouse's Signature (if appropriate) _____ Date: _____

PRIVACY ACT STATEMENT

25 CFR 265 and 25 U.S.C. 13 authorize the collection of this information. This information is covered by the system of record notice "Indian Housing Improvement Program, Interior, BIA-10." The primary use of this information is to determine eligibility for assistance under the Housing Improvement Program. The records contained therein may only be disclosed in accordance with the routine uses and may not otherwise be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the record pertains. If the BIA uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes. Executive Order 9397 authorizes the collection of your Social Security number. Furnishing the information is voluntary but failure to do so may result in disapproval of your application.

PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to select eligible families or individuals to participate in the Housing Improvement Program. Response to this request is required to obtain a benefit in accordance with 25 CFR 256. 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. Public reporting burden for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to Information Collection Clearance Officer - Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240.

Date of this application: _____

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 _____, 2025.

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 **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
 (List all adults (18 yrs. +) in household to whom this applies) **2024 Tax Year** and;

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 **2024**.

| | | |
|--|------------------------|------|
| 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

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 2025 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 2025

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, SSA/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 2024 implemented 11/13/23)

| 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 - 3,398 | - 16,988 | | 4..... | 0 - 6,938 | - 34,688 | | 7..... | 0 - 10,478 | - 52,388 | | 10...0 | - 14,018 | - 70,088 |
| 2..... | 0 - 4,578 | - 22,888 | | 5..... | 0 - 8,118 | - 40,588 | | 8..... | 0 - 11,658 | - 58,288 | | 11...0 | - 15,198 | - 75,988 |
| 3..... | 0 - 5,758 | - 28,788 | | 6..... | 0 - 9,298 | - 46,488 | | 9..... | 0 - 12,838 | - 64,188 | | 12...0 | - 16,378 | - 81,888 |

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:
- 04/26/2024: 80% Level 1-\$54,768; 2-\$62,592; 3-\$70,416; 4-\$78,240; 5-\$84,499; 6-\$90,758; 7-\$97,018; 8-\$103,277

SWA Corporation will be accepting new interested applicants until closing date: **September 30, 2025, at 5:00 pm CDT.** (Any applications mailed will need to be postmarked before or on September 30, 2025). SWA – HIP will review and score all complete applications to develop the HIP Priority Listing for FY 2026, which will allow us to submit information to Aberdeen Area Regional Office before December 31, 2025. Ask for Lilly Little Thunder ext 254 or F. Emily Good Shield, ext. 266