

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



**EMERGENCY HOUSING (Rental) ASSISTANCE  
APPLICATION 2025**

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***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 (1<sup>st</sup>) 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 (1<sup>st</sup>) month's rent amount, rental address, eligible move-in date, W-9, 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.

**A. APPLICANT INFORMATION**

01. NAME: \_\_\_\_\_  
(Last, First, Middle) (Maiden Name, if any)

02. CURRENT MAILING ADDRESS: \_\_\_\_\_  
(P.O. Box) (Town/City) (State) (Zip Code)

Physical residential address (notify us of updates): \_\_\_\_\_  
(Town/City) (State) (Zip Code)

03. COMMUNITY: \_\_\_\_\_

04. PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

05. MARITAL STATUS: ( ) Married ( ) Single ( ) Divorced ( ) Widowed ( ) Other (please explain): \_\_\_\_\_

**B. FAMILY INFORMATION – Attach copies of enrollment verification for all family members.**

01. List all people living in your household on a permanent basis. Start with yourself, spouse, children and then all other adult members. Use back sheet of application if you need to list more.

Name (last, first, middle):	Relationship to Applicant:	Date of Birth:	Sex:	Social Security No.:	Tribal Enrollment No.:
	<b>SELF</b>				

02: Answer the following questions by circling either no or yes.

Have you ever applied for assistance before?	No	Yes	When?	
Have you ever lived in SWA housing?	No	Yes	Unit #:	How long ago?
Is anyone listed a convicted felon?	No	Yes	Release Date Month/Year:	

Explain:

**C. INCOME INFORMATION – Attach copies of income verification for household members.**

01. **EARNED INCOME:** Start with you then list all permanent household members with working income. Provide copies of current earned income such as check stubs, 1099's, W-2's and 2024 Income Tax Returns (if filed), etc.

Name:	Employment:	Monthly Amount:
		\$
		\$
		\$

02. **UNEARNED INCOME:** Start with you then list all permanent household members with unearned income. Provide copies of current award letters and benefit statements for TANF, GA, Social Security, SSI, Unemployment, Pension, Annuity, Retirement, Child Support, Alimony, IIM, Per Capita, Royalties, Interests, Pell Grant, etc.

Name:	Source of Income:	Monthly Amount:
		\$
		\$
		\$

**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.:**

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**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 <b>Head of Household – Self / Applicant</b>	Social Security Number	Date

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

Signature of <b>Spouse</b> (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 **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 2024 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 2024 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 **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 **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**

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.					
	2 Business name/disregarded entity name, if different from above					
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____					Exemption from FATCA reporting code (if any) _____
	<b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					<small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Other (see instructions) ▶ _____					
5 Address (number, street, and apt. or suite no.) See instructions.			Requester's name and address (optional)			
6 City, state, and ZIP code						
7 List account number(s) here (optional)						

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**

Signature of  
U.S. person ▶

Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*