



**Sicangu Wicoti Awayankapi (SWA)
Homeownership Assistance Fund (HAF) Plan
Mortgage Assistance/Promissory Note Payoff Application**

Homeowner Assistance Fund (HAF) Program Application-FAQ-Mortgage Assistance/Promissory Note Payoff

The purpose of the Homeowner Assistance Fund (HAF) Program is to provide financial assistance to prevent the displacement of Tribal, Indian, and other socially disadvantaged households experiencing financial hardship due to COVID-19. The HAF Program can help income-qualified households with mortgage delinquencies, defaults, foreclosures, forbearance costs, utility and energy services, insurance, property taxes, home repairs to maintain habitability, and other similar costs necessary to maintain housing stability. This is a temporary program and assistance is subject to available funds.

This project is supported, in whole or in part, by federal award to the Sicangu Wicoti Awayankapi (SWA) Corporation by the U.S. Department of the Treasury.

Homeowners must be enrolled members of the Rosebud Sioux Tribe.

Application Checklist

For all applicants:

- ✓ Documentation showing home ownership (deed, bill of sale, conveyance document or other legal documentation)
- ✓ Mortgage with signatures
- ✓ Copy of Driver's license Photo ID
- ✓ Proof of enrollment (Abstract, Tribal ID)
- ✓ Must provide proof of homeowner's primary residence (utility bill, internet cable)
- ✓ Income verification-A written attestation as to household income with supporting documentation, such as paystubs, W-2's or other wage statements, IRS form 1099's, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer.
- ✓ Current mortgage statement/bill
- ✓ **If 62+ years of age, attach documentation**
- ✓ **If disabled or handicapped, attach medical documentation**
- ✓ Financial institution verification form (attach W-9 form)
- ✓ Signed authorization for release of information form
- ✓ Signed applicant attestation of financial hardship
- ✓ Signed applicant acknowledgements and attestation
- ✓ Completed Application

General Eligibility Requirements

In Accordance with the HAF Guidance issued by the Department of the Treasury, homeowners are eligible to receive amounts allocated to a HAF participant under the HAF if they experienced a financial hardship after January 21, 2020 (including a hardship that began before January 21, 2020, but continued after that date) and meeting a Minimum Eligibility Criteria of incomes equal to or less than 150% of the area median income or 100% of the median income for the United States, whichever is greater.

While all households meeting the minimum eligibility criteria are eligible to receive assistance, the HAF Guidance requires that 60% of funds support homeowners with incomes below 100% of the US Median Income. The table below lists the applicable income thresholds for Rosebud Reservation and its surroundings, including Gregory, Lyman, Mellette, Todd, and Tripp Counties as provided by HUD at https://www.huduser.gov/portal/datasets/il/il2021/select_Geography_haf.odn.

Example Income table:

	1-Person	2-Person	3-Person	4-Person	5-Person	6-Person	7-Person*
Minimum Eligibility Threshold	\$79,900	\$84,150	\$94,650	\$105,150	\$113,600	\$122,000	\$130,400
Priority Eligibility Threshold	\$79,900	\$79,900	\$79,900	\$79,900	\$79,900	\$81,350	\$86,950

*For households with greater than 7 persons, add \$8,412 to the Minimum Eligibility Threshold and \$5,608 to the Priority Eligibility Threshold for each additional household member.

Type of Assistance	Eligible Households	Maximum Assistance per Household	Information
Mortgage Assistance	On- and Off-reservation households	\$7,500	Includes payment assistance, mortgage reinstatement, principal reduction, achieving clear title to homes
Mortgage/ Promissory Note Payoffs	On- and Off-reservation households	\$7,500	Includes mortgage reduction or promissory note payoff, achieving clear title to homes
Property Tax/ Insurance/Lease Assistance	On- and Off-reservation households	\$1,500	Includes homeowner, flood, and mortgage insurance; homeowner's association fees; delinquent property taxes
Utility Assistance	On-reservation households only	\$2,000	Includes electric, gas, home energy, water, wastewater, solid waste, and internet service
Rehab and Repair	On-reservation households only	\$7,500	Repairs to maintain habitability, including addition of space to alleviate overcrowding

(Homeowners are eligible for one type of assistance)

HOMEOWNERS ASSISTANCE FUND APPLICATION

H.A.F. Mortgage Assistance/Promissory Note Payoff

Family Information Sheet

1. Applicant:

Last Name	First Name	Tribal Enrollment Number
Physical Address	City, State, Zip	Community
Mailing Address	City State, Zip	Phone
Message Phone	Email Address	Social Security Number (SSN)
Date of Birth	Gender	Race Ethnicity
Annual or Monthly Income	Income Source	Veteran 62+ years of age Disabled

Other Household Members:

<u>1. Full Name</u>	Date of Birth	Last four digits of SSN
Tribal Enrollment Number	Annual or Monthly Income	Income Source
<u>2. Full Name</u>	Date of Birth	Last four digits of SSN
Tribal Enrollment Number	Annual or Monthly Income	Income Source
<u>3. Full Name</u>	Date of Birth	Last four digits of SSN
Tribal Enrollment Number	Annual or Monthly Income	Income Source
<u>4. Full Name</u>	Date of Birth	Last four digits of SSN
Tribal Enrollment Number	Annual or Monthly Income	Income Source
<u>5. Full Name</u>	Date of Birth	Last four digits of SSN
Tribal Enrollment Number	Annual or Monthly Income	Income Source

ATTACH an additional sheet if necessary

Yes/No	Is the home for which you are applying currently used as your primary residence? If yes, please attach documentation showing homeownership and proof of primary residence.
Yes/No	Is the home for which you are applying for assistance with located within the boundaries of the Rosebud Sioux Tribe? If yes, please attach documentation of address.

2. Household Income

Below, please provide information on the total annual income of your household for the calendar year 2020.

Total annual income of Household: _____

Applicant must attach and submit (1) a written attestation as to household income with supporting documentation, such as paystubs, Form W-2s, wage statements, IRS Form 1099s, tax filings, assistance award letters, depository institution statements demonstrating regular income, or an attestation from an employer.

3. Financial Hardship

Yes/No Have one or more individuals in your household experienced financial hardships associated with the COVID-19 pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement? Examples include:

- ✓ A reduction in household income
- ✓ Increase in living expenses
- ✓ Loss of employment, temporary layoff, or furlough
- ✓ Increased costs due to healthcare or need to care for a family member
- ✓ Other financial hardship

Please explain below:

4. HAF Program – Financial Assistance Requested-Mortgage Assistance/Promissory Note Payoff

Mortgage Assistance

Financial Institution Name	Contact Phone	Email Address
Mailing Address	City, State, Zip	Account Number
Payment Amount	Total Amount Due	Status of Mortgage

(Please complete the Financial Institution Verification Form that is attached to this application)

Yes/ No	Is your property tax included in your mortgage payment?
Yes /No	Is your homeowner's insurance included in your mortgage payment?
Yes/ No	Do you have a second mortgage or home equity loan on your property? If yes please submit documentation with your application

SWA Promissory Note Payoff

If SWA has conveyed ownership by promissory note **please ATTACH the promissory note** and fill out the section below.

Name of owner	Contact Phone	Email Address
Address	City, State, Zip	County
Payment Amount	Total Amount Due	Status of Promissory Note

Applicant Acknowledgements and Attestation

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment, income, contact information, no longer experiencing a material reduction in income or material increase in living expenses associated with the COVID-19 pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or homeowner displacement.

By signing this form, you are certifying that you have not already received funding or a benefit from another source for the same assistance being applied for with this application. If you think you may have received such funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note in the box below:

By my signature below, I hereby certify and attest that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statement or information, or if I fail to notify the Sicangu Wicoti Awayankapi Corporation of any changes to my household's eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds for civil or criminal prosecution if the Sicangu Wicoti Awayankapi Corporation determines it appropriate to do so.

Applicant Signature

Date Signed

Application received by the Sicangu Wicoti Awayankapi Corporation:

Staff Member Signature

Date Signed

Applicant Attestation of Financial Hardship

In order for financial assistance to be provided under the Homeowner Assistance Fund Program, this Attestation of Financial Hardship must be completed, signed, and dated by the homeowner.

I, _____, the Applicant, do hereby attest that I am a homeowner of a dwelling that is currently used as my primary residence and I have experienced a financial hardship due, directly or indirectly, to the COVID-19 pandemic.

Specifically, [describe the nature of the financial hardship in the space provided below, for example, a job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member]

I agree to notify the Sicangu Wicoti Awayankapi Corporation of any significant changes to my household income or financial status that would impact my eligibility for the HAF Program.

By my signature below, I certify and attest that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

Applicant Signature

Date Signed

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.; and
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; and
4. Request and/or share information from other assistance programs, to ensure that assistance for anyone in the household is not duplicated; and
5. Request information from utility companies, if needed and release information pertaining only to assistance provided.

This information is for **CONFIDENTIAL USE** by the Sicangu Wicoti Awayankapi – Rosebud Housing Authority in evaluating my/our application for Emergency Rental Assistance and Utilities. 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.

Signature of Head of Household	Social Security Number	DOB	Date
Spousal Signature	Social Security Number	DOB	Date
Signature of family member over 18yrs	Social Security No.		Date
Signature of family member over 18yrs	Social Security No.		Date
Signature of family member over 18yrs	Social Security No.		Date

Lending Institution Verification Form
(To be attached to HAF Application)

1. Name of H.O.H.: _____

Residential Address: _____

- Type of Homeownership Property: _____ No. of Bedrooms: _____
- Does the Applicant have a Mortgage: YES / NO Monthly Mortgage: _____
- Total Mortgage: _____

Section to be filled out by Lender:

2. Lender Information

Name of Lending Institution: _____

Address: _____

Mortgage/Account No: _____ Mortgage Payment Amount _____

Phone: _____ Cell: _____ Fax _____

Representative: _____

Tax ID No. _____

(Please ATTACH W-9)

As the Financial institution have you applied with the County in your area or State for mortgage assistance on behalf of the homeowner: YES / NO *If "YES", please list when and where and amount received:* _____

My signature below, hereby attests to and verifies the information provided as True and Correct. My signature hereby authorizes the Release of Information for financial institution verification as requested by S.W.A. Corporation as part of the evaluation process of my application for the HAF services.

Lending Institution Representative (PRINT)

Signature and Date

Homeowner Name (PRINT)

Signature and Date