

*SICANGU WICOTI AWAYANKAPI*  
**S.W.A. CORPORATION**

P.O. Box 69  
Rosebud, South Dakota 57570-0069  
Phone: (605) 747-2203 Fax: (605) 747-2966 Attn:HIO  
Toll Free: 1-888-379-3411  
SWA Housing Information e-mail: swaprivatehome@swacorporation.com

**MULTI-FAMILY HOUSING PROGRAM: SWA Managed (USDA) Projects mark your interest:**

- Apartment complex (Univ./Antelope lake): White Hat, Menard, Thin Elk one, two, three bdrms
- Sicangu Village I & II (Casino housing) three (3) bedroom
- Wicozani Subdivision (near New Ring Thunder/JDC) three (3) bedroom

Waiting list Specialist Email:swawllr@swacorporation.com

**RE: APPLICATION REQUIREMENTS**

Thank you for your interest in the Multi-Family Housing Program. For an application to be determined complete and to allow us to do proper evaluations. Applicants must be eligible to participate in the USDA Program, **the needed supporting documentation are as follows:**

- Application form:** All fields must be filled in and all individuals (18yrs+) signed where required.
- Rental History:** Landlord Reference needs to be listed and filled out by Landlord(s); This is to evaluate those that demonstrate the ability and willingness of the applicant/tenant to comply with the terms of the lease.
- Birth Certificates:** Copies of all listed individual birth certificates must be attached.
- Social Security Cards:** Copies of all individual's social security cards must be attached.
- Identification:** A copy of a picture identification card for all adult (18+ yrs) Drivers license, State identification card, and/or tribal identification card.
- Income Verification** – Copies of Verification of income of all adults family members ex. Letter from employer, benefit award letter, divorce decree if you are paying child support, check stub. Must be dated within the last six (6) months. Reason, the household must now have financial capabilities to meet rent and other basic living expenses. If you are on **ZERO INCOME** - you will need to fill out an additional application form;
- Income Tax Return** – Copy, if filed, legible of the most recent filed Federal Income Tax form with W-2's must be submitted for each adult applicant/tenant, unless the person was exempted from filing a return.
- Disability** – If you are disabled and applying, you will need a statement from a physician, a clinic, welfare agency, the Social Security Administration, or other knowledgeable resource.
- Custody** –Copy of Custody(Legal) documents to reflect responsibility for other children in the home (i.e. non- related, adopted children, grandchildren, siblings, or foster children) Single Parents need Guardianship/Custody supporting documentation.
- Background Check:** All adult applicants will need to pass a pre-screening background check. SWA enforces it's Crime and Drug Free provision that prohibits any drug related and/or illegal activity.

**Update requirement:** All applicants are required to update their applications yearly/annually on or before the anniversary date of their application, if and when you received a Waiting List complete date. Follow up and report any/all address/phone-cell number changes immediately.

Please call the Sicangu Wicoti Awayankapi (SWA) Corporation Housing Information, if you have questions or need assistance speak with **Melissa H.L.**, ext 255 Waiting list Specialist.

Thank you for your interest.



# Rural Housing and Community Programs

## Things You Should Know About USDA Rural Rental Housing

***Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification***

### ***Penalties for Committing Fraud***

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

### ***How To Complete Your Application***

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
  - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
  - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
  - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

### ***Ask for Help if You Need It***

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

### ***Before You Sign the Application***

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

### ***Tenant Recertification***

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

### Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

**Report Abuse:** If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

### If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

#### Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

#### Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

#### When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998  
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

I, we, below signed, have read the above page(s) in regards to the SWA Corp. managed USDA Rural Housing project and have an understanding of the above.

Applicant/Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_  
 Co-Applicant/Head: \_\_\_\_\_ Date: \_\_\_\_\_  
 Other Adult member: \_\_\_\_\_ Date: \_\_\_\_\_



EQUAL HOUSING OPPORTUNITY

# APPLICATION FOR OCCUPANCY

This institution is an equal opportunity provider.



SD-DO-MH-116  
(9/2003)

<b>Applicant Name</b>				<b>Co-Applicant Name</b>			
<b>Social Security Number</b>	<b>Home Phone</b>	<b>Birth Date</b>		<b>Social Security Number</b>	<b>Home Phone</b>	<b>Birth Date</b>	
<b>Present Address</b>				<b>Present Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Landlord's Name</b>				<b>Landlord's Name</b>			
<b>Phone</b>				<b>Phone</b>			
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Employer</b>				<b>Employer</b>			
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Previous Employer</b>				<b>Previous Employer</b>			
<b>Other Household Members</b>		<b>Social Security #</b>	<b>Sex</b>	<b>Birth Date</b>	<b>Full Time Student</b>	<b>Employer</b>	
Name							
Name							
Name							
Name							
<b>Name of Emergency Contact Person</b>				<b>Phone Number</b>			

- The earliest date I/We will be willing to occupy the apartment unit: \_\_\_\_\_

**PLEASE NOTE:** Occupancy of a rental unit in this facility is reserved for very low, low or moderate-income households. To determine eligibility, applicants for housing are required to declare annual GROSS income for all members of the household for the next 12 months. All income will be verified at the source.

TYPE OF INCOME	\$ AMOUNT
GROSS Wages, Salaries, Overtime Pay, Commissions, Fees, Tips or Bonuses	
GROSS Social Security, Pensions, SSI and SSDI	
GROSS Interest, Dividends, etc (Income from Assets)	
Periodic Gifts (Include gifts of food, money, clothing, etc.)	
Net Income from Business, Rentals of Real Property or Personal Property (Include farm income, and interest payments received on real estate contracts or mortgages)	
Disability Income/Unemployment Income/ADC	
Any other Income (Including Child Support or Alimony)	
<b>TOTAL HOUSEHOLD ANNUAL INCOME</b>	<b>\$</b> _____

**NO INCOME:** If you claim to have no income, you will be requested to complete an additional certification document.

**PLEASE COMPLETE THE FOLLOWING ITEMS IF APPLICABLE FOR YOUR HOUSEHOLD**

- Is the tenant or co-tenant a full time student? Yes  No
- Unreimbursed Child Care expenses for minors under 13 years of age \$ \_\_\_\_\_  
Provider Name \_\_\_\_\_ Address \_\_\_\_\_
- Tenants or Co-Tenants who are disabled, handicapped or over age 62 may qualify for an income adjustment.  
Do you qualify under this provision? Yes  No
- Do you or a member of your household require the features of a handicap accessible unit? Yes  No   
If yes, please explain \_\_\_\_\_

- SPECIAL PRIORITY:**  Displacee  Letter of Priority Entitlement (LOPE)  
Annual Medical Expenses (not covered by insurance) for Tenants/Co-tenants Age 62 or over OR who have a disability. \$ \_\_\_\_\_

Provider	Address
Provider	Address
Provider	Address

**FOR MANAGEMENT USE ONLY:** Received completed application on \_\_\_\_\_ at \_\_\_\_\_ o'clock  a.m.  p.m.  
Income verified and certified as required on \_\_\_\_\_

**THE FOLLOWING INFORMATION IS REQUIRED TO DETERMINE ELIGIBILITY FOR OCCUPANCY:**

<b>HOUSEHOLD ASSETS</b>	<b>\$ VALUE</b>	<b>\$ DEBT</b>	<b>IDENTIFY SOURCE/BANK</b>
Cash on Hand and in Banks			
Savings accounts & CD's			
IRA's and Retirement Accounts			
Stocks and Bonds (Any Type)			
Life Insurance (Cash Value)			
Accounts Receivable			
Value of excess Vehicles, Recreational or Other Equipment			
Business Assets			
Real Estate (See Below)			
<b>TOTAL ASSETS</b>	<b>\$</b>		

**REAL ESTATE AND BUSINESS ASSETS**

<b>Description</b>	<b>Current Value</b>	<b>Debt</b>	<b>Annual Income</b>	<b>Annual Expense</b>

- Have you disposed of real estate, business or household assets in the past two (2) years? Yes  No
- If yes, please identify assets sold:

(You may be requested to provide details on the sale)

**QUESTIONS CONCERNING USE OF CONTROLLED SUBSTANCES or FELONIES:**

- Are you or a member of your household a current illegal user of controlled substances? Yes  No
- Or have you previously been convicted of illegal use, manufacture or distribution of a controlled substance? Yes  No
- If the answer is Yes to previous questions, have you completed or are you currently enrolled in a controlled substance abuse recovery program? Yes  No
- Have you or any members of the household been convicted of a felony? Yes  No

I /WE CERTIFY THAT THE APARMENT UNIT APPLIED FOR WILL BE MY/OUR PERMANENT RESIDENCE. I/WE FURTHER CERTIFY THAT I/WE DO/WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

I/WE CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE, AND I/WE AUTHORIZE INQUIRIES TO BE MADE TO VERIFY THE STATEMENTS ABOVE.

**Warning: Willful False Statements or Misrepresentation are a criminal offense under Section 1001 of Title 18 of the U.S. Code.**

APPLICANT \_\_\_\_\_

CO-APPLICANT \_\_\_\_\_

Date Signed \_\_\_\_\_

Date Signed \_\_\_\_\_

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through USDA, Rural Housing Service, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

**Choices for Race**

- American Indian or Alaskan Native     Asian  
 Black or African American             White  
 Native Hawaiian or Pacific Islander

**Choices for Ethnicity**

- Hispanic/Latino  
 Non-Hispanic/Latino

**Sex**

- Male     Female

PLEASE LIST YOUR PRESENT LANDLORD

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How long have you lived there: \_\_\_\_\_ Phone: \_\_\_\_\_

IF WITH THIS LANDLORD FOR LESS THAN TWO YEARS PLEASE LIST YOUR PREVIOUS LANDLORDS FOR THE PAST 2 YEARS.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long have you lived there: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long have you lived there: \_\_\_\_\_

PLEASE LIST 5 CREDIT REFERENCES (Not personal references or relatives)  
(Ex: utility company, telephone or cable company, bank etc.)

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Account Number: \_\_\_\_\_

**"EQUAL HOUSING OPPORTUNITY"**

*"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited basis apply to all programs.)"*

*"To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD) USDA is an equal opportunity provider and employer."*



**Sicangu Wicoti Awayankapi**

**S. W. A. Corporation  
Rural Housing Program**

Phone: (605) 747-2203 Fax: (605) 747-2966  
Toll Free: 1-888-379-3411



**AUTHORIZATION TO RELEASE INFORMATION**

Applicant Household: \_\_\_\_\_

I / We, have applied for assistance for housing with the RHP acting through the Sicangu Wicoti Awayankapi (SWA) Corporation. As part of the process, the SWA Corporation may verify information contained in my request for housing and in other documents required in connection with my request.

I / We, authorize you to provide the SWA Corporation for verification purposes the following applicable information:

- Past and present employment or income records
- Bank accounts, stock holdings, and any other assets
- Land holdings, Individual Income Monies (IIM)
- Past and Present Landlord references
- Utility verifications
- Other consumer credit references

I/ We, hereby authorize any person, agency or institution to supply information requested by Sicangu Wicoti Awayankapi (SWA) Corporation concerning me or my family, and to allow inspection and reproduction of records in his/her or their possession pertaining to me or my family by any duly authorized representative of the SWA Corporation.

I / We further authorize the SWA Corporation to release such information to providers or cooperating State/Federal agencies.

I / We hereby release any person, agency or institution from any and all liability to me or my family for supplying such information.

This authorization is given only in connection with its use by the SWA Corporation in its administration of its programs and for no other purposes. It shall continue in effect until such time as I state, in writing to SWA Corporation that it is no longer valid.

Your prompt reply is appreciated.

_____	_____	_____
Applicant Head of Household	Printed Name	Date
_____	_____	_____
C0-Applicant signature	Printed Name	Date
_____	_____	_____
Other Adult member signature	Printed Name	Date
_____	_____	_____
Other Adult member signature	Printed Name	Date
_____	_____	_____
Other Adult member signature	Printed Name	Date

4/2015 Revised USDA Format



**SICANGU WICOTI AWAYANKAPI**  
**S.W.A. CORPORATION**  
 P.O. Box 69  
 Rosebud South Dakota 57570  
 Phone: 605-747-2203 Fax: 605-747-2966  
 Toll Free: 1-888-379-3411



**RELEASE OF INFORMATION**  
 Criminal Background Inquiry

With my signature, I hereby authorize the SWA Corporation to conduct a criminal background inquiry not limited to: Tribal Court /Tribal Law Enforcement records; State/County records; Federal (electronic) records; and the Release of All Records and information of any criminal history to the SWA Corporation.

I understand that this requirement is to assist in determining my eligibility for the application for housing services only. I further understand that any and all information obtained shall be kept CONFIDENTIAL in accordance to the Privacy Act of 1974.

\_\_\_\_\_ Applicant \_\_\_\_\_ Date

\*\*\*\*\*

Full Legal Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Soc. Sec. No: \_\_\_\_\_

Have you ever been convicted for any drug related crimes? Yes\_\_\_ No\_\_\_  
 Have you ever been convicted for any sex related crimes? Yes\_\_\_ No\_\_\_  
 Are you a registered sex offender? Yes\_\_\_ No\_\_\_

**Disclosure:** Refusing to submit any or all required information, willfully and knowingly failing to disclose pertinent information or providing falsified information constitutes as perjury and can result in denial of your application for Housing services.

**Policy Statement**

Federal law requires SWA Corporation to obtain criminal history information from an applicant applying for admission to our housing units to assist in determining the qualification and eligibility of the applicant. It is our objective to make all SWA dwellings a safe and comfortable living environment. Furthermore, it is our intent to exclude those that choose to be involved in any criminal activities that would adversely affect the health, safety and welfare of other tenants. In compliance with this federal law, the SWA Corporation is requiring that as an applicant shall be required to consent to a criminal history inquiry. This inquiry is in compliance with the Privacy Act of 1974 and all information shall be kept confidential and shall be utilized for this purpose only.

Revised: 04/2015





**SICANGU WICOTI AWAYANKAPI**  
**S.W.A. CORPORATION**  
 P.O. Box 69  
 Rosebud South Dakota 57570  
 Phone: 605-747-2203 Fax: 605-747-2966  
 Toll Free: 1-888-379-3411



**RELEASE OF INFORMATION**  
 Criminal Background Inquiry

With my signature, I hereby authorize the SWA Corporation to conduct a criminal background inquiry not limited to: Tribal Court /Tribal Law Enforcement records; State/County records; Federal (electronic) records; and the Release of All Records and information of any criminal history to the SWA Corporation.

I understand that this requirement is to assist in determining my eligibility for the application for housing services only. I further understand that any and all information obtained shall be kept CONFIDENTIAL in accordance to the Privacy Act of 1974.

\_\_\_\_\_ Applicant \_\_\_\_\_ Date

\*\*\*\*\*

Full Legal Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Soc. Sec. No: \_\_\_\_\_

Have you ever been convicted for any drug related crimes? Yes\_\_\_ No\_\_\_  
 Have you ever been convicted for any sex related crimes? Yes\_\_\_ No\_\_\_  
 Are you a registered sex offender? Yes\_\_\_ No\_\_\_

**Disclosure:** Refusing to submit any or all required information, willfully and knowingly failing to disclose pertinent information or providing falsified information constitutes as perjury and can result in denial of your application for Housing services.

**Policy Statement**

Federal law requires SWA Corporation to obtain criminal history information from an applicant applying for admission to our housing units to assist in determining the qualification and eligibility of the applicant. It is our objective to make all SWA dwellings a safe and comfortable living environment. Furthermore, it is our intent to exclude those that choose to be involved in any criminal activities that would adversely affect the health, safety and welfare of other tenants. In compliance with this federal law, the SWA Corporation is requiring that as an applicant shall be required to consent to a criminal history inquiry. This inquiry is in compliance with the Privacy Act of 1974 and all information shall be kept confidential and shall be utilized for this purpose only.

Revised: 04/2015

### Zero Income Statement

I/ We, \_\_\_\_\_, have zero income for the \_\_\_\_\_ Tax year. \*Adults (18yrs and older) sign name(s) here, of all this applies to list in household without income or **did not** file taxes\*

I/We, the undersigned below, verify the below the signed Adults (18 yrs +), who resided in my household, **did not** receive TANF/ DSS Income, BIA-GA Income, SSA/ SSI Income, Unemployment benefits, or other type of income for 2020 thru the current 2021 year.

_____ Signature of Head of Household *Do not print – ALL dates must match*	_____ Social Security Number	_____ Date
_____ Signature of Spouse (Include maiden name)	_____ Social Security Number	_____ Date
_____ Signature of other adult family member over 18 yrs	_____ Social Security Number	_____ Date
_____ Signature of other adult family member over 18 yrs	_____ Social Security Number	_____ Date
_____ Signature of other adult family member over 18 yrs	_____ Social Security Number	_____ Date
_____ Signature of other adult family member over 18 yrs	_____ Social Security Number	_____ Date

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2023. My Comm. Expires: \_\_\_\_\_

SEAL

\_\_\_\_\_  
Notary Public