Sisseton Wahpeton Oyate
PO Box 509
Agency Village SD  57262
Phone: 698-8440 or 698-8441   Fax: 698-8442
Email: swocovidemergencyapp@swo-nsn.gov

APPLICANT’S CHECKLIST:

Applicant’s Name: _______________________________________________

____  Application - Page 2 (Please fill out completely).

____  Applicant **must initial next to each line on the Certifications section** on page 2.

____  Applicant’s Signature on Page 2.

____  *Rental Assistance Lease Agreement or Invoice/Statement (must be applicant’s name)  Amount: __________

(*if the Lease Agreement is submitted it must be signed by Tenant and Landlord)

____  Mortgage Assistance Monthly Statement (must be in applicant’s name)  Amount: __________

____  Utility Assistance Invoices (must be in applicant’s name). **Please check each vendor you would like paid and a copy of each vendor invoice must be submitted. Amount for each vendor must be filled out below:**

    ____  Electricity  Amount: __________

    ____  Water/Sewer  Amount: __________

    ____  Natural Gas/Propane  Amount: __________

    ____  Garbage  Amount: __________

____  Copy of your SWO Tribal Enrollment.

*NOTE: The applicant’s checklist MUST BE COMPLETED AND SUBMITTED with your application. Incomplete applications will not be processed for payment.

Please return your completed application to the Emergency Financial Assistance office (box located outside of the Tribal Chairman’s receptionist office or at the Security Desk) at the SWO Administration Building.
Purpose
Through the COVID-19 Emergency Financial Assistance Program, the Sisseton-Wahpeton Oyate provides the following emergency financial assistance to Tribal member households to respond to the COVID-19 public health emergency:

- Emergency rental assistance to assist Tribal member households with rent payments to avoid eviction;
- Emergency mortgage assistance to assist Tribal member households with mortgage payments to avoid foreclosure; and
- Emergency utility assistance to assist Tribal member households to pay their utility fees and thereby continue to receive essential services.

Assistance Amount
Emergency financial assistance will be provided to eligible applicants in the following amounts:

- Up to $1,000 per eligible Tribal member household residing within the Lake Traverse Reservation;
- Up to $500 per eligible Tribal member household residing outside the Lake Traverse Reservation.

Assistance is limited to only one eligible Tribal member applicant per household. Assistance is subject to the eligibility of funding in the program. Assistance payments will be made directly to the landlord, mortgage company, and/or utility service providers identified by the applicant.

Eligibility
1. The applicant must be the head of household (and the only household member applying for assistance).
2. The applicant must be an enrolled member of the Sisseton-Wahpeton Oyate.
3. The applicant must have had an adjusted gross income in 2019 of not more than:
   - $99,000 for individuals filing as a single individual or married filing separately,
   - $136,500 for individuals filing as head of household, and
   - $198,000 for married couples filing joint returns.
4. The applicant’s household must need emergency financial assistance as a result of the COVID-19 public health emergency because:
   - The applicant’s household has been directly impacted by a documented loss of income due to the COVID-19 public health emergency and is in financial distress;
   - In the case of an applicant applying for emergency rental assistance, the applicant’s household needs assistance with rent payments to avoid eviction;
   - In the case of an applicant applying for emergency mortgage assistance, the applicant’s household needs assistance with mortgage payments to avoid foreclosure; or
   - In the case of an applicant applying for emergency utility assistance, the applicant’s household needs assistance to pay utility fees in order to continue receiving essential services, including electricity, gas, propane, water, sewer, garbage, and other essential services.
5. The applicant’s household must need emergency financial assistance to be able to comply with COVID-19-related public health measures, including stay-at-home, shelter-in-place, self-quarantine, social distancing, and cleaning and disinfection measures, guidelines, and orders.
6. Neither the applicant nor any member of the applicant’s household may have received rental, mortgage, or utility assistance from another government or program for the same expenses for which assistance is sought through this program.
APPLICATION

Applicant: ________________________________ Date: __________________

List all Household Member Names & Tribal Enrollment Numbers, if applicable.

______________________________________

______________________________________

______________________________________

Mailing Address: ________________________________________________________________

City __________________ State __________ Zip __________________

Physical Address: ________________________________________________________________

City __________________ State __________ Zip __________________

Primary Phone: _________________________________________________________________

City __________________ State __________ Zip __________________ Enrollment #: __________

Assistance Requested (check all that apply):

☐ Rental Assistance  ☐ Mortgage Assistance  ☐ Utility Assistance (Electricity, Gas, Propane, Water, Sewer, Garbage, Other)

☐ Lease  ☐ Mortgage Statement  ☐ Utility Bills

Certifications

Applicant certifies in good faith, subject to pains and penalties of perjury and other punishments under the law, that the following statements are true and correct by initializing next to each line:

___ The applicant is the head of household (and is the only member of the household applying for assistance under this program)

___ The applicant is an enrolled member of the Sisseton-Wahpeton Oyate

___ The applicant attests that he or she had an adjusted gross income in 2019 of not more than:

   • $99,000 if filing as single or married filing separately
   • $136,500 if filing as head of household
   • $198,000 if married and filing jointly

___ The applicant’s household has been directly impacted by a documented loss of income due to the COVID-19 public health emergency and is in financial distress

___ The applicant needs emergency financial assistance as a result of the COVID-19 public health emergency, including (check all that apply):

    ___ Assistance with rent payments to avoid eviction
    ___ Assistance with mortgage payments to avoid foreclosure
    ___ Assistance to pay utility fees in order to continue receiving essential utility services

___ The applicant’s household needs emergency financial assistance in order to comply with COVID-19-related public health measures, including stay-at-home, shelter-in-place, self-quarantine, social distancing, and cleaning and disinfection measures, guidelines, and orders

___ Neither the applicant nor any member of the applicant’s household has received rental, mortgage, or utility assistance from another government for the same expenses for which assistance is sought through this program

___ The information contained in this application is true and accurate in all material respects, and the applicant understands that knowingly making a false statement to obtain assistance from this program is punishable under the law

Signature: ______________________________________ Date: __________________

Approved by Tribal Council on July 8, 2020, Motion #55