

Sisseton Wahpeton Oyate
COVID-19 Emergency Financial Assistance (E.F.A.)
PO Box 509
Agency Village SD 57262

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 (must be applicant's name) Amount: _____

*Lease Agreement 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. 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.

Phone: 698-8440 or 698-8441

Email: swocovidemergencyapp@swo-nsn.gov



SISSETON WAHPETON OYATE

COVID-19 Emergency Financial Assistance Application

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.



SISSETON WAHPETON OYATE
COVID-19 Emergency Financial Assistance Application

APPLICATION

Applicant: _____ Date: _____

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

Mailing Address: _____

Physical Address: _____

Primary Phone: _____ Enrollment # : _____

Assistance Requested (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Rental Assistance | <input type="checkbox"/> Mortgage Assistance | <input type="checkbox"/> Utility Assistance (Electricity, Gas, Propane, Water, Sewer, Garbage, Other) |
| <input type="checkbox"/> Lease | <input type="checkbox"/> Mortgage Statement | <input type="checkbox"/> 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 **initialing 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: _____