

Sisseton Wahpeton Oyate
COVID-19 Emergency Financial Assistance (E.F.A.)
PO Box 509
Agency Village SD 57262
Phone: 605-698-8440 or 605-698-8441 Fax: 605-698-8442
Email: swocovidemergencyapp@swo-nsn.gov

COVID 19 ASSISTANCE PAYMENT DISTRIBUTION #2 – APPLICATION #2

Applicant's Name: _____

ONLY ONE (1) VENDOR PAYMENT WILL BE ALLOWED.

_____ *Rental Assistance Lease Agreement or Invoice/Statement (must be applicant's name)
(*if the Lease Agreement is submitted it must be signed by Tenant and Landlord and include the Landlord's complete mailing address.)

_____ Mortgage Assistance Monthly Statement (must be in applicant's name)

_____ Utility Assistance Invoice (must be in applicant's name). **Please check only one (1) vendor you would like paid. A copy of the current vendor invoice must also be submitted.**

_____ Electricity

_____ Water/Sewer

_____ Natural Gas/Propane

_____ Garbage

***NOTE: This application #2 is only for those who have previously received this assistance. New applicants must complete the full application.**

Please return your completed Application Payment Distribution #2 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. The application #2 can also be mailed to the address listed above, emailed to swocovidemergencyapp@swo-nsn.gov, or faxed to 605-698-8442.

The information contained on this application #2 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: _____