



Seneca Nation Housing Department

DOWN PAYMENT ASSISTANCE APPLICATION

Low Income Limits as of May 5, 2025

Person(s)	Income Limit
1	\$58,352
2	\$66,688
3	\$75,024
4	\$83,360
5	\$90,029
6	\$96,698
7	\$103,366
8	\$110,035

Cattaraugus Territory
50 Iroquois Drive
Irving, NY 14081
Phone: (716) 532-5000
Fax: (716) 532-3892

Allegany Territory
44 Seneca Street
Salamanca, NY 14779
Phone: (716) 945-1290
Fax: (716) 945-5910

If your total annual income exceeds the income limits, SNHD cannot offer admission to our program. Please be informed that these income limits are in effect immediately (May 5, 2025) and will remain in effect until superseded.

INCOME IS A REQUIREMENT

APPLICATION PROCEDURE:

Fill out the application and submit ALL required documents listed on the checklist. Applications are incomplete and cannot be submitted if missing documents.

- Application will NOT be accepted and date stamped as received until they are deemed complete.
- Once complete, it will then be determined if the application is eligible or ineligible.
- Applicants are notified of their status within ten (10) business days. Notification is in written form.
- If there is a co-applicant or a household member over the age of 18, please request another Release of Information.

REMINDER: Read and answer every question, sign and date. Bring in all required documents. Copies can be made. Also, the Housing Department has a large waiting list for units. Units are not available immediately. Instead, look for alternate housing as well as filling out your application with us. Note: Applicants can be on both the Cattaraugus and Allegany wait lists, please specify your choice(s). In order for application to be accepted the following documents **MUST** be submitted for ALL members of your household whom you have included on your application.

Checklist	
	Release of Information (co-applicant and/or 18+ years of age and part of the household)
	Drug Free Household Statement
	Current Utility Bill (for proof of residence and capability to have utilities in your name).
	If Applicable: Deed (location of new home)
	Approval Letter from Lender (or) Commitment letter (or) Sale of Contract or Purchase Agreement
	If Applicable: Good Faith Earnest (earnest money put down as good faith deposit and put in escrow until report the home appraisal and inspection is complete).
VERIFICATION OF INCOME	
	Filed Federal Tax Return from past year (or) Four (4) Pay Stubs
	Zero Income Form (household member with no income 18+ years old)
	Disability, Social Security Form/Award Letter, OMB No.0960-0566 and/or Disability From/Award Letter, Social Services, Insurance Payment, Pension Award Letter
	Notarized Statement of Income from other sources, any other income received
	Unemployment Benefits Statement
VERIFICATION OF IDENTIFICATION	
	Photo I.D. (Driver's license, Tribal Enrollment Card, Passport) for all adults over 18
	Birth Certificate for all
	Proof of Tribal Enrollment for head of household & children if enrolled (Enrollment Certificate or Tribal ID)
	Social Security Cards for all
DEDUCTION VERIFICATION	
	Tuition papers or letter from school system verifying fulltime enrollment
	Receipts from childcare expenses if parent(s) work or attend school
	Mileage deduction if travel exceeds 100 miles to and from work per week
	ELDERLY ONLY- receipts for medical expenses including health insurance premiums

Effective October 1, 1984, HUD regulations for exemptions from income on which rents are computed are as follows:

1. \$480.00 per dependent less than 18 years, or full-time student.
2. Childcare expenses (babysitting costs) maximum deduction is \$1,200.00 per household.
3. \$400.00 per Elderly family (head of household or spouse must be elderly, disabled or handicapped).
4. Medical Expenses exceed 3% of total family income for elderly families.
5. Travel Expenses maximum deduction is \$1,300.00 per household.
- 6.

ALL RENTS, EXCEPT WELFARE RENTS, ARE COMPUTED ACCORDING TO 20% OF ADJUSTED FAMILY INCOME, WITH NO CEILING RENT AMOUNTS.

HEAD OF HOUSEHOLD INFORMATION

Name	
Physical Address	
Mailing Address	
Phone	
Email	

FAMILY COMPOSITION

(List all people who will live in dwelling)

	Name	Relationship to applicant	Date of Birth	Sex	Social Security #	Enrolled Seneca?	If NO, which? Native or Other
1		Head of Household		M F		Y N	
2				M F		Y N	
3				M F		Y N	
4				M F		Y N	
5				M F		Y N	
6				M F		Y N	
7				M F		Y N	
8				M F		Y N	

Anticipated changes in family composition: _____

HOUSEHOLD INCOME

(List income for ALL persons who will live in dwelling, Including Self Employment)

First Name	Employer Name and Address	Monthly Gross Pay	Annual Estimated Income	
			Past 12 mo.	Next 12 mo.

OTHER SOURCES OF INCOME

(SSI, Child Support, Alimony, Unemployment, Disability, Pension, Royalties, etc.)

First Name	Source and Address	Monthly Gross Amount	Annual Estimated Income	
			Past 12 mo.	Next 12 mo.

Purchase Price of Property / Loan Approval Amount: \$ _____

Closing Date: _____

New Address of Property: _____

Name of Real Estate Agent: _____ Phone: _____

Real Estate Signature: _____

Name and address of whom the DPA check should be made out to be held in escrow:

APPLICANT(S) ACKNOWLEDGMENT

I am aware that I am to cooperate in supplying all information needed to determine my eligibility. I understand failure or refusal to supply information may result in denial.

_____ Initials _____ Initials

Homeownership Counseling Classes: Recipients will be required to participate in and successfully complete a Seneca Nation Housing Homebuyer's Class designed to assist new homeowners in understanding and fulfilling the responsibilities of homeownership.

_____ Initials _____ Initials

Down Payment Assistance is limited to 5% of the value of the property or \$5,000, whichever is less.

_____ Initials _____ Initials

Down Payment Assistance is operated on a first come, first served basis subject to the availability of funds.

_____ Initials _____ Initials

Signature: _____

Date:

Signature Co-applicant: _____ Date: _____

DRUG FREE HOUSEHOLD STATEMENT

I/We, _____ and _____, do hereby attest that myself, and all members of my household do not use any illegal drug(s).

I/We further attest that I and all members of my household are not involved in selling, possession, or use of any illegal drug, and that my household is a drug free household.

I/We further understand that if myself, members of my household, or guest(s) of my household use, sell or are in possession of illegal drug(s), that I am subject to immediate eviction.

I/We understand that this statement will remain in effect for the entire length of my tenancy with the Seneca Housing Program.

Signature: _____ Date: _____

Signature: _____ Date: _____

ALL PERSONS 18 AND OVER SHALL AGREE TO AND ADHERE TO THIS STATEMENT BY SIGNING THIS AS WELL

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Please note: The SNHD “Rental Drug & Alcohol Policy” was passed in February 2017 by SNI Tribal Council, warrants a background check can be conducted on individuals to assure compliance with Section IV. Ineligibility for Admission. Drug Testing can be conducted in/on SNHD Property/rental units/tenants.

RELEASE OF INFORMATION AGREEMENT

DO NOT ALTER THIS DOCUMENT: Failing to sign this form in its original condition could jeopardize your eligibility for the housing program.

Full Name: _____

Maiden: _____

Date of Birth: _____

Phone #: _____

Mailing Address: _____

Social Security #: _____

Driver's License #: _____

State issued with: ____ - _____

I hereby authorize confidential information to be released between the agencies listed in this agreement. The information provided will be held in strict confidence.

AGENCY AUTHORIZED TO REQUEST/RECEIVE INFORMATION

Seneca Nation Housing
50 Iroquois Drive
Irving, NY 14081

44 Seneca Street
Salamanca, NY 14779

AGENCIES AUTHORIZED TO RELEASE INFORMATION TO SENECA NATION HOUSING DEPARTMENT AND MORTGAGE PROGRAM:

• SNH	• Any Seneca Nation Program
• SNIEDC	• Current & Previous Employers
• Child Care Providers	• Utility Companies
• Retirement Systems	• Credit providers/ Bureaus
• Courts: Tribal and non-tribal	• Social Security Administration
• Law Enforcement Agencies	• Support & Alimony Providers
• Current & Previous Landlords	• Banks & Creditors

Applicant Signature: _____

Date: _____