



Seneca Nation Housing Department

SNHA MOLD REMEDIATION 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, you will be determined ineligible for the 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 Please be informed that these income limits are in effect immediately (May 5, 2025) and will remain in effect until superseded.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

This program is created to provide financial assistance for mold remediation to eligible Seneca families who meet the following guidelines:

1. No money is owed to the Seneca Nation Housing Department.
2. Provide proof of enrollment in the Seneca Nation.
3. Must be at or below the low-income guidelines, using HUD's 80% Median Income (*Income limits effective until further notice).
4. Home must be on a foundation.
5. Preference will be given to enrolled members of the Seneca Nation who are past or present participants of the SNHD Homebuyer's Program with good account standing.
6. The applicant must provide the most recent utility bill as proof of residence. The bill must be in the applicant's name at the address for which they are applying for assistance.
7. The applicant/head of household and adults 18+ must sign a Release of Information which allows the SNHD staff to verify all eligibility information. Declining to sign a release is an automatic denial of assistance.

APPLICATION PROCEDURE:

- Fill out application and submit all required documents listed on the checklist on the next page. Applications are incomplete and cannot be submitted if missing any document.
- Applications will not be accepted and date-stamped as received until they are deemed complete.
- It will then be determined if the application is eligible or ineligible.
- Eligible applications are processed.
- Ineligible applications are placed in the ineligible file. Applicants are notified of their status within ten (10) business days. Notification is in written form.

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 must also sign a Release of Information Form)
	Drug Free Household Statement
	Documentation of Disability (if applicable)
	Current Utility Bill (for proof of residence and capability to have utilities in your name).
	If Applicable: Deed (location of new home)
VERIFICATION OF INCOME:	
	Filed Federal Tax Return from past year
	Four (4) current pay stubs & consent to release information
	Disability, Social Security Form/Award Letter, OMB No.0960-0566 and/or Disability Form/Award Letter, Social Services, Insurance Payment, Pension Award Letter
	Notarized Statement of Income from other sources, any other income received
THE FOLLOWING MUST BE SUBMITTED FOR VERIFICATION OF IDENTIFICATION: FOR ALL HOUSEHOLD MEMBERS	
	Photo I.D. (Driver's license, Tribal Enrollment Card, Passport) for all adults over 18
	Birth Certificates
	Proof of Tribal Enrollment for all household members (Enrollment Certificate or Tribal ID)
	Social Security Cards
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 that exceed 3% of total family income for elderly families.
5. Travel Expenses maximum deduction is \$1,300.00 per household.

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	
Main Phone #	
2 nd Phone #	

FAMILY COMPOSITION

(List all persons 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.

APPLICANT(S) ACKNOWLEDGMENT

INITIAL TO INDICATE YOU UNDERSTAND AND WILL COMPLY

_____ I understand that this is a one-time only assistance program per household.

_____ I understand my home will be subject to inspections as scheduled by SNHD to determine the maintenance and upkeep of my home.

_____ I understand that I am responsible for maintaining the upkeep of remediated area.

_____ I understand the maximum remediation limit is \$30,000. Estimated or quoted costs to complete mold work exceeding this funding amount cap will be the responsibility of the applicant. Mold Remediation work may be wholly or in part postponed if an applicant is unable to verify ability to fund mold work costs over the funding cap. Mold work funding for each approved applicant will be for the contracted total amount only as no credits will be available for total mold work amounts under the referenced cap up to the maximum funding amount.

_____ I understand that maintenance prevention of mold in my home is my responsibility whether I am approved or denied.

_____ I acknowledge that all the information on this application is true and accurate.

I understand that if any information on this application found to be false or missing will result in a denial of services. I may also be responsible for repayment of funding back to the Seneca Nation Housing Department for any amount received under this agreement.

Print Name _____

Signature _____

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 SNHA 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: _____