Seneca Nation Housing Department

OAK TREE & 44 SENECA 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 Please be informed that these income limits are in effect immediately (May 5,2025) and will remain in effect until superseded.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 application and submit ALL required documents listed on the checklist.
Application are incomplete and cannot be submitted if missing ALL required documents and forms.

Application will NOT be accepted and date-stamped as received until they are deemed complete by the Tenant Manager.

Once complete, it will then be determined if the application is eligible or ineligible.
Eligible applications are placed on a waiting list and separated according to size unit.
Ineligible applications are placed in the ineligible file

Applicants are notified of their status within ten (10) business days. Notification is in written form.

You must update your information annually in order to remain active and on the waiting list. Updates include change of contact information, family composition, etc.

Application are moved to the inactive file after one (1) year of inactivity and removed from the waiting list.

When a unit becomes available, the applicant next on the list will be notified. If interested, the applicant must submit current income, family composition and exemption verification. Then the rental rate will be computed.

Should a unit become available, tenant selection will be based on current wait list.

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)
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.

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

HEAD OF HOUSEHOLD INFORMATION

Name	
Physical Address	
Mailing Address	
Main Phone #	
2nd 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.

LANDLORD AND RENTAL INFORMATION

Have you ever owned a home or trailer? YES NO

If yes, when? _____ Where is/was the dwelling located? _____

If you currently own one, list your reason(s) for applying for this program: _____

_____

Have you ever lived in Public Housing? YES NO

If YES, when? _____to_____ Where? _____

Indian housing: If yes when? _____to_____ Where? _____

Do you owe money to an Indian Housing Authority? YES NO If yes, where? _____

Do you consider yourself homeless? YES NO If yes, what are you current living arrangements: ___

_____

Are you about to be without housing? YES NO

If yes, why and when? _____

Are you or have you ever been evicted in past 5 years? YES NO When? _____

If YES, why? (Check all that apply) ◯ Housekeeping unacceptable

◯ Property Damage ◯ Unpaid Balance ◯ Unauthorized person(s) residing in the home

◯ Inappropriate functions on property ◯ Other: _____

CURRENT RESIDENCE

LANDLORD INFORMATION:

Name: _____ Phone #: _____

Address: _____

How long have you been a tenant? _____ Monthly rent amount: _____ Monthly utility costs: _____

Name and Address of Utility companies:

Electric: _____

Gas: _____

Water & Sewer: _____

HOUSING CONDITIONS:

Do you have the following at your current residence?					
Running water	YES	NO	Proper cooking appliances	YES	NO
Usable tub or shower	YES	NO	Usable toilet	YES	NO
Is the dwelling structure safe	YES	NO	Safe heating source	YES	NO
Safe drinking water	YES	NO	Mold-free dwelling	YES	NO
Safe Electrical service	YES	NO			

Is your current dwelling overcrowded? YES NO

If yes, how many bedrooms do you have? _____ How many bedrooms do you need? _____

Please list other substandard conditions of your dwelling _____

PREVIOUS RESIDENCE (List information for last 3 years)

Address	Dates (To – From)	LANDLORD	
		Name	Phone #

MILITARY SERVICE

Are you or a household member currently serving? YES NO **If yes**, who: _____

Are you or a household member a Veteran? YES NO

If a Veteran, were you honorable discharged? YES NO Discharge Date: _____

DISABLED

Do you consider yourself or anyone in the household disabled and or handicapped? YES NO

If YES, why: _____

_____

LEGAL

Have you ever been responsible for a mortgage/loan on a house or mobile home which resulted in Foreclosure or judgment? YES NO If YES, please explain: _____

_____

Has any household member ever been convicted of any crime other than traffic violations?

YES NO If YES, who: _____ When: _____ Where:

Conviction: (Check all that apply) Anything drug and/or substance abuse related Arson

Crimes of violence toward person(s)/property Crimes of sexual nature Property Theft

Harboring a fugitive Illegal possession of firearms Identity theft or fraud Prostitution

Do you or any household member have any current legal proceedings pending? YES NO

If YES, please explain: _____

_____

Have you ever been awarded any federal contracts? YES NO

If YES, have you ever been placed on the federal suspension or debarment list? YES NO

Has any household member ever used any name(s) other than the one currently being used?

(This would include name from previous marriage or maiden name) YES NO

If YES, who and what name(s): _____

By signing below, I verify that the information I have provided in the legal section is true and complete To the best of my knowledge.

Signature: _____ **Date:** _____

Please list your reason(s) for applying for this program: _____

APPLICANT(S) ACKNOWLEDGMENT

Once I have been approved and added to the waiting list, my application will remain active for one year (12months). I understand that if I do not properly update my information in 1 year (annually), I will be removed from the waiting list.
_____ Initials _____initials

GIVING TRUE AND COMPLETE INFORMATION

I certify that all the information provided on this application is accurate & complete to the best of my knowledge.
_____ Initials _____initials

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.
_____ Initials _____initials

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

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal law and is grounds for termination of housing assistance and/or termination of tenancy under the Seneca Nation Housing Program.
_____ Initials _____initials

I have reviewed the application and certify that the information I provided here is true and complete.

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 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: _____

SENECA NATION HOUSING DEPARTMENT

50 IROQUOIS DRIVE
IRVING, NY 14081
(716) 532-5000

44 SENECA STREET
SALAMANCA, NY14779
(716) 945-1290

All Oak Tree & 44 Seneca applicants must be capable of living independently

As such, the following Health Authorization Form must be completed and given to your provider along with the attached Statement of Health Form.

HEALTH AUTHORIZATION FORM

APPLICANT INFORMATION:

Name:_____ Social Sec #: _____

Address: _____

Phone:_____ Date of Birth: _____

Hereby request Dr.:_____
with a practice at address: _____
and a phone# of: _____
to complete a Seneca Nation Housing Authority **Statement of Health Form** (attached) based upon information contained in my medical file, for the purpose of verifying my capability for independent living.

Applicant Signature: _____ Date: _____

NOTE: Both the Authorization Form and Statement of Health Form must be handed in with your application.

STATEMENT OF HEALTH FORM

Applicant Information:

Name:_____ Date:_____

Address:_____ Date of Birth:_____

To be completed by physician:

Please type or print legibly:

1. Diagnoses of medical condition or illness: _____

_____

2. Prognosis: _____

_____

3. Has the patient ever been confined to an institution or hospital for this illness or similar illness?

YES NO If yes, please list institution/hospital name and dates of confinement: ___

_____

_____

4. During the active phase of this illness, has the patient ever been violent or dangerous to himself or others? YES NO If yes, please specify: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

_____

_____

5. Is the patient physically disabled? YES NO

6. Do they meet the qualifications for disability benefits? YES NO If yes, why? ___ _

_____

7. Please give a brief, specific summary of the symptoms of this patient's illness during the active phase: _____

_____

8. Specific actions to be taken in an emergency: _____

_____

9. Please list medications: (name and dosage) _____

_____

_____

10.

Impairments	None	Partial	Total
Sight			
Touch			
Hearing			
Speech			
Other			

11. Evaluation of Patients capabilities based on medical condition:

TASK	Independent	Needs some help	Needs total help	Contraindication
Cooking				
Cleaning				
Laundry				
Shopping				
Feeding Self				
Toileting				
Bathing				
Dressing				
Transferring				
Ambulation				
Other				

12. Does the patient require a special diet? YES NO If yes, please explain: _____

13. Is the patient incontinent?

Urine: Never Seldom Often Catheter Other _____

Stool: Never Seldom Often Catheter

14. Does the patent require special equipment or prosthetic devices? YES NO

If yes, please specify: _____

15. Can the patient function independently in their home? YES NO

16. Are there any restraints on activities? YES NO

If yes, please describe: _____

17. Does the patient require nursing services in the home? YES NO

If yes, please specify: _____

18. Does the patient require other health services in home? YES NO

If yes, please specify: _____

Use this area to express any other problems/concerns or comments regarding the applicant and their ability to live independently: _____

_____

_____

I certify that the above information is correct and to the best of my knowledge.

Physician Name (Printed): _____ Phone: _____

Address: _____

Physician Signature: _____ Date: _____