For each additional family member over eight (8), add 8% of the four (4) person base to eight (8) person income limit. If your total annual income exceeds the income limits, the Housing cannot offer admission to our program. Please be informed that these income limits are in effect immediately (July 6, 2023) and will remain in effect until superseded.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 form.

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.

**REMEMBER:** 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

<table>
<thead>
<tr>
<th>Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate paged and forms signed and dated</td>
</tr>
<tr>
<td>Release of Information (co-applicant must also sign a Release of Information Form)</td>
</tr>
<tr>
<td>Drug Free Household Statement</td>
</tr>
<tr>
<td>Documentation of Disability (if applicable)</td>
</tr>
<tr>
<td>Current Utility Bill (for proof of residence and capability to have utilities in your name).</td>
</tr>
</tbody>
</table>

**THE FOLLOWING CAN BE USED FOR VERIFICATION OF INCOME:**

<table>
<thead>
<tr>
<th>Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filed Federal Tax Return from past year</td>
</tr>
<tr>
<td>Four (4) current pay stubs</td>
</tr>
<tr>
<td>Disability, Social Security Form/Award Letter, OMB No.0960-0566 and/or Disability From/Award Letter</td>
</tr>
<tr>
<td>Social Services, Insurance Payment, Pension Award Letter</td>
</tr>
<tr>
<td>Notarized Statement of Income from other sources, any other income received</td>
</tr>
</tbody>
</table>

**THE FOLLOWING MUST BE SUBMITTED FOR VERIFICATION OF IDENTIFICATION:**

<table>
<thead>
<tr>
<th>Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photo I.D. (Driver’s license, Tribal Enrollment Card, Passport) for all adults over 18</td>
</tr>
<tr>
<td>Birth Certificate</td>
</tr>
<tr>
<td>Proof of Tribal Enrollment for all household members (Enrollment Certificate or Tribal ID)</td>
</tr>
<tr>
<td>Social Security Cards</td>
</tr>
</tbody>
</table>

### EXEMPTION VERIFICATION

<table>
<thead>
<tr>
<th>Exemption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition papers or letter from school system verifying fulltime enrollment</td>
</tr>
<tr>
<td>Receipts from childcare expenses if parent(s) work or attend school</td>
</tr>
<tr>
<td>Mileage deduction if travel exceeds 100 miles to and from work per week</td>
</tr>
<tr>
<td>ELDERLY ONLY- receipts for medical expenses including health insurance premiums</td>
</tr>
</tbody>
</table>

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).
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.

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Physical Address</th>
<th>Mailing Address</th>
<th>Main Phone #</th>
<th>2nd Phone #</th>
</tr>
</thead>
</table>

**FAMILY COMPOSITION**

(List all persons who will live in dwelling)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to applicant</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Social Security #</th>
<th>Enrolled Seneca?</th>
<th>If NO, which? Native or Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Head of Household</td>
<td></td>
<td>M</td>
<td>F</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

Anticipated changes in family composition:

**HOUSEHOLD INCOME**

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Employer Name and Address</th>
<th>Monthly Gross Pay</th>
<th>Annual Estimated Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Past 12 mo.</td>
</tr>
</tbody>
</table>

**OTHER SOURCES OF INCOME**

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Source and Address</th>
<th>Monthly Gross Amount</th>
<th>Annual Estimated Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Past 12 mo.</td>
</tr>
</tbody>
</table>
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 your 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:

<table>
<thead>
<tr>
<th>Do you have the following at your current residence?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Running water</td>
</tr>
<tr>
<td>Usable tub or shower</td>
</tr>
<tr>
<td>Is the dwelling structure safe</td>
</tr>
<tr>
<td>Safe drinking water</td>
</tr>
<tr>
<td>Safe Electrical service</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Address</th>
<th>Dates (To – From)</th>
<th>LANDLORD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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: ____________________________________________

________________________________________________________________________________________

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

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

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

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

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

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

Signature: ___________________________  Date: ______________________

Signature Co-applicant: ___________________________  Date: ______________________
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 SNHA “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
- SNIEDC
- Child Care Providers
- Retirement Systems
- Courts: Tribal and Non-Tribal
- Law Enforcement Agencies
- Current & Previous Landlords
- Any Seneca Nation Program
- Current & Previous Employers
- Utility Companies
- Credit providers/ Bureaus
- Social Security Administration
- Support & Alimony Providers
- Banks & Creditors

Applicant Signature: _______________________________     Date:  _____________________